

LIFT Registration Spring 2018

Please complete BOTH sides!

Date _____

Family Name: _____ Email: _____

Parent/Guardian #1: _____ Phone # _____

Parent/Guardian #2: _____ Phone # _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Other phone/email _____

Do you attend church? _____ If so, where? _____

Emergency Contact Name (if parents unavailable) _____

Relationship _____ Phone # _____

Additional Family Representatives authorized to take your child(ren) from the Facility.

_____	_____	_____
Name	Relationship	Phone #

_____	_____	_____
Name	Relationship	Phone#

_____	_____	_____
Name	Relationship	Phone #

_____	_____
Parent/Guardian Signature	Date

Child #1 Name: _____ DOB: _____ Gender: ___ Grade (Fall): _____ Shirt size _____

Known Allergies and Medications: _____

Child #2 Name: _____ DOB: _____ Gender: ___ Grade (Fall): _____ Shirt size _____

Known Allergies and Medications: _____

More information on back. Please fill out both sides of this form. THANK YOU.

Office Use Only

Amt paid \$ _____ Cash _____ Check# _____

Returning Registrant Y N Added to NPFCC Amp Y N Added to LIFT Group & Class Y N

Child #3 Name: _____ DOB: _____ Gender: ___ Grade (Fall): _____ Shirt size _____
Known Allergies and Medications: _____

Child #4 Name: _____ DOB: _____ Gender: ___ Grade (Fall): _____ Shirt size _____
Known Allergies and Medications: _____

MEDIA CONSENT:

I hereby DO / DO NOT (please circle one) give Newbury Park First Christian Church permission to use any photographs or videos captured of the participating registrants in any media publications.

Parent's initials _____

CONSENT TO PARTICIPATE:

Being aware of the activities the registrant will be participating in, and understanding the risks involved in those activities, I hereby consent to the registrants participation in the LIFT Children's Program on Wednesday evenings, at Newbury Park First Christian Church. I indemnify, defend and hold harmless Newbury Park First Christian Church from all claims made and liabilities assessed against them as a result of the registrant's activities. Further, in case of emergency, I understand that every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, or if I, the below signed registrant am 18 years or older, I hereby give Newbury Park First Christian Church, its staff and leaders permission to act on my behalf seeking medical treatment in the event that such treatment is deemed necessary, prudent or advisable for the registrant's health, safety or welfare. I give permission to those administering medical treatment to do so using the measures deemed necessary. I release the above mentioned church and all medical providers from liability in acting on my behalf in this regard and in rendering such medical treatment. I assume financial responsibility for all medical treatment provided to the registrant.

Parent or Guardian Name: _____

Signature _____ Date: _____