



Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Completed \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

Special Needs/Allergies \_\_\_\_\_

Name one special friend your child would like to be with: \_\_\_\_\_

T-shirt size : ( please circle)

- |                   |              |             |
|-------------------|--------------|-------------|
| Youth Small       | Youth Medium | Youth Large |
| Adult Small       | Adult Medium | Adult Large |
| Adult Extra Large |              |             |

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. It also gives the Church permission to display, broadcast or publish photographs/videos to advertise and promote any and all areas of the Church with no form of compensation.

\_\_\_\_\_  
Parent Signature