

## Registration

**KIDZ  
CLUB**



**Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parents Name:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_  
\_\_\_\_\_

**Allergies:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any Other Special Needs:** \_\_\_\_\_  
\_\_\_\_\_

**Interests:** \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, authorize the staff and volunteers at Glendive Evangelical Church, in the event of an emergency where a parent or other contact person named above cannot be reached, to obtain emergency medical treatment for my child; and further authorize any licensed physician to examine my child and render such medical and/or surgical treatment which, in such physicians' reasonable judgement, may be deemed necessary for my child's health and safety.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Bus Pickup:** ☐