



KIDS REGISTRATION FORM & LIABILITY WAIVER

Child's Details

Family Name		Name of Child		<input type="checkbox"/> boy <input type="checkbox"/> girl
Date of Birth	DD / MM / YYYY	School Grade		

Contact Info

Parent(s) / Legal Guardian(s) Name				
Home Phone		Cell Phone		
Email Address				
Best Way to Contact	<input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone			
Emergency Contact		Phone Number		

Is there any information relating to your child that you think the children's programming staff and volunteers should know about (i.e. medical/behavioral conditions, allergies, etc)? Please describe.

Permission to Participate in Program Activities

By signing below, you the legal parent or guardian of the above mentioned child is giving permission for the child to participate fully in the activities of The Crosswalk Program. You agree to release and hold harmless The Crossing Christian Church and the directors, employees and volunteers from any and all liability, claims or demands for personal injury or sickness, as well as property damage and expenses of any nature which may be incurred by the child while participating in the program. Furthermore, you assume all risk of personal injury, sickness, damage and expense that may result participation of this program.

By signing below you also agree to give permission for the Crossing Christian Church to take photographs of the program, which may include individual or group photos of the above mentioned child, for internal use as well as distribution on the website. The pictures we take during the program may end up on our website.

Parent / Legal Guardian Name (please print)	
Parent / Legal Guardian Signature	
Date Signed	DD / MM / YYYY