

ADVENTURE CLUB 2010 – 2011 For Kids Kindergarten – 5th Grade

REGISTER TODAY! One registration form per family.
Please fill out **completely** both sides of this form and return with payment to Hope Covenant Church. **Use the back of this form to list students.**

Family Last Name: _____

Parent Name(s): _____

Phone #: _____

Cell #: _____

Address: _____

City: _____ Zip Code: _____

E-mail address: _____

Our family attends (church name): _____

REGISTRATION FEE \$20 per student (\$50 family maximum) checks should be made payable to Hope Covenant Church. Payment schedules and scholarships are available upon request.

Payment: \$_____ Balance Due: \$_____ Check: #_____

MEDICAL RELEASE In order for the student(s) to participate, a medical release **must** be signed and dated.

In the event of an emergency where medical treatment is required, I give my permission to the church staff or sponsor to obtain the services of a licensed physician to provide the care necessary. Please attempt to notify me immediately concerning any such emergency.

Signed: _____ Date: _____

STUDENTS Use this side to list family members K – 5th grade. If registering more than 4 students, please use an additional form.

STUDENT #1 Name: _____

D.O.B.: _____ Age: _____ Grade (fall '10): _____

Food Allergies / Medical information: _____

STUDENT #2 Name: _____

D.O.B.: _____ Age: _____ Grade (fall '10): _____

Food Allergies / Medical information: _____

STUDENT #3 Name: _____

D.O.B.: _____ Age: _____ Grade (fall '10): _____

Food Allergies / Medical information: _____

STUDENT #4 Name: _____

D.O.B.: _____ Age: _____ Grade (fall '10): _____

Food Allergies / Medical information: _____