

Sonrise Church

Kids Small Group (KSG) Registration Form 2016-2017

Child's Name _____

___ Male ___ Female Birthday ____/____/____ Grade level _____

Please List other children enrolled in KSG and their grade : Name _____ Grade _____,
Name _____ Grade _____, Name _____ Grade _____

PARENT(S)

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Email Address: _____

EMERGENCY CONTACT (1)

Name: _____

Relationship: _____ Phone: _____

EMERGENCY CONTACT (2)

Name: _____

Relationship: _____ Phone: _____

HEALTH CONCERNS / SPECIAL NEEDS

Allergies (Please list All)

Additional needs or concerns

ADDITIONAL CUSTODIAL AUTHORITY

In addition to my child's legal guardians, my child may be picked up and/or removed from Sonrise KSG by:

(1) Name: _____

Relationship: _____ Phone: _____

(2) Name: _____

Relationship: _____ Phone: _____

In addition to my child's legal guardians, my child may be picked up and/or removed from Sonrise SKG by:

(3) Name: _____
Relationship: _____ Phone: _____

(4) Name: _____
Relationship: _____ Phone: _____

(5) Name: _____
Relationship: _____ Phone: _____

MEDICAL RELEASE

I, (We) the undersigned, parents, or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care to which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment of the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California and shall remain effective until June 1st of 2012. In consideration of the benefits derived from the aforesaid program. I (we) hereby voluntarily waive claim against Sonrise Church of Clovis.

VIDEO/PHOTO RELEASE

Photos and videos may be taken and produced for future publicity in addition to social media venues such as Facebook. By signing this form, you are giving permission for your child to be included in photos and video during Sonrise KSG.

Parent / Guardian's Signature: _____

Date: _____

Office Use Only
Payment Information: Amount Paid \$_____ Check_____ Cash_____