

Sonrise Church

Kids Small Group (KSG) Registration Form 2018-2019

STUDENT(S): Please list children from oldest to youngest. **Cost per student: \$40**

Child's Name: _____

Male ___ Female ___ Age: _____ Grade: _____

Child's Name: _____

Male ___ Female ___ Age: _____ Grade: _____

Child's Name: _____

Male ___ Female ___ Age: _____ Grade: _____

Child's Name: _____

Male ___ Female ___ Age: _____ 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 and/or Additional Needs or Concerns (Please list All) *more space on back*

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: _____

Enter Amount and Check the Applicable Form of Payment					
Payment Information:	Amount Paid \$ _____	Check _____	Cash _____	Online _____	Kiosk _____

Additional Comments (Health Concerns): _____
