



# REGISTRATION/MEDICAL RELEASE FORM

Elementary Program \_\_\_\_\_ Price \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name** \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Entering Grade for this School Year \_\_\_\_\_ Gender \_\_\_\_\_

**Parents' or Guardians' Name** \_\_\_\_\_ **Primary Email Address** \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # (Dad) \_\_\_\_\_ (Mom) \_\_\_\_\_  
 Place of Business (Dad) \_\_\_\_\_ Phone # \_\_\_\_\_ (Mom) \_\_\_\_\_ Phone # \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

In the event of an emergency, give the name and phone # of friends/relatives we can contact who will know how to reach parents/ guardian.  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Can these people check out your child at the end of camp? (Circle One) YES NO**

List any known food/drug or other allergies: \_\_\_\_\_  
 List medications taken regularly: \_\_\_\_\_  
 Previous operations, surgeries, or serious illnesses (list year): \_\_\_\_\_  
 Any other special instructions regarding youth: \_\_\_\_\_

**T-shirt Size: (Circle One)**

YS YM YL AS AM AL AXL A2XL

Method of Payment:	Cost: Please note the prices listed for each camp on the Information sheet.
<input type="checkbox"/> Check (Make checks payable to Strong Rock)	\$ _____ <u>Program Cost</u>
<input type="checkbox"/> Cash	
<input type="checkbox"/> Credit Card (Make payment in Business Office)	
<b>TOTAL \$</b> _____	

**PARENT/GUARDIAN PERMISSION**

*I hereby give my permission for \_\_\_\_\_ to take part in various sponsored trips, outings, camps, and events of Strong Rock Christian School. I further give my permission for the designated/approved school representative or sponsor to secure any needed medical treatment for the above named son/daughter. I release the school representative or sponsors from liability for accident or injuries on these trips or activities.*

*I further understand and agree that in the event that the above named son/daughter is involved in any inappropriate or dangerous activities, I will pay his or her expenses to be sent home immediately at the discretion of the school personnel.*

**Media Consent.** I give my consent and permission for the taking of photographs and/or video of my child during Strong Rock Christian School sponsored events and waive and/or assign any and all rights (including copyright) in such media to Strong Rock Christian School.

Strong Rock Christian School, as the sole owner of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

**I have supplied, understood, and agree to all the information contained on the Registration/Medical Release Form.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS REGISTRATION/MEDICAL RELEASE IS VALID FOR THE CURRENT CALENDAR YEAR IN WHICH IT IS SIGNED.**