

BETHEL KIDZ CLUB & BETHEL SPORTS CLUB
Registration Form
2017 - 2018

Name of your Child(ren): _____

Child(ren) Birthdates (month/day/year): _____

Parent/Guardian Name(s): _____

Address: _____ Postal Code: _____

Phone Number: _____ Alternative/Cell Number: _____

E-mail: _____ (include if you want weekly updates, to
notify you of cancellations or other special events)

Emergency Contact (in case parent/guardian unavailable): _____

Emergency Contact Phone Number: _____

Personal Health ID Number (nine digits): _____

Doctor's Name: _____ Phone Number: _____

Food/Drug allergies or medications: _____

In the event of an injury involving my child I, _____, give the people responsible for supervising the Bethel Kidz Club and Bethel Sports Club permission to make all the necessary medical decisions and to inform me as soon as possible.

I, _____, give permission to display my child's picture at Bethel Mennonite Church without using their name.

Please sign and date:

Signature

Date