

NORTHSIDE CHRISTIAN FELLOWSHIP

GOSPEL KIDZ REGISTRATION FORM



Parents: Please include the yearly registration dues of \$15 per child (pro-rated to \$7 if joining after January).

Name (1st Child): _____ Circle one: M F Grade: _____ Age: _____ Date of Birth: _____

Name (2nd Child): _____ Circle one: M F Grade: _____ Age: _____ Date of Birth: _____

Name (3rd Child): _____ Circle one: M F Grade: _____ Age: _____ Date of Birth: _____

Name (4th Child): _____ Circle one: M F Grade: _____ Age: _____ Date of Birth: _____

Name (5th Child): _____ Circle one: M F Grade: _____ Age: _____ Date of Birth: _____

Parent/Guardian Names: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Main Phone: _____ (cell carrier?--Verizon AT&T Sprint _____) Alternate Phone: _____

I prefer to receive Gospel Kidz correspondence through email text (Please circle one...If by text, your main phone # will be used.)

Home Church: _____

I authorize the following individuals to pick up my child from Gospel Kidz at Northside Christian Fellowship:

1. _____ Relationship to child: _____

2. _____ Relationship to child: _____

_____ NO, I do not authorize anyone to pick up my child but me.

Please fill out consent and release form on other side.

Consent and Release Form

Emergency contacts if parents cannot be reached:

Name/Relationship to child: _____ Phone: _____

Name/Relationship to child: _____ Phone: _____

I, the undersigned parent or guardian, hereby consent to my child(ren), _____, participating in Gospel Kidz at Northside Christian Fellowship on Thursday nights from 6:30 pm to 8:00 pm. I certify that my child is able to participate in these activities including games, snacks, and Bible lessons. If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number given on the registration side of this form. If I cannot be reached, I hereby authorize an adult leader to make emergency medical decisions for my child. If there are any activities in which I do not want my child to be involved, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Northside Christian Fellowship and its ministry leaders harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Idaho and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

I give permission to Gospel Kidz staff to administer Tylenol, Ibuprofen, or Benadryl, as needed to my child. _____
(Parent Initials)

Food allergies, other allergies, or restrictions in game participation: _____

Medical Conditions of which to be aware: _____

I do not wish my child to participate in the following: _____

Signature of Parent or Guardian

Date Signed