



High View Baptist Church

L.I.G.H.T. Afterschool Club Registration

Student Name _____ Birthday _____

School Name _____ Grade: 3rd 4th 5th

Parent/Guardian Name(s) _____

Mailing Address _____ City _____

Home Phone _____ Cell Phone _____

Email Address _____

Who is authorized to pick your child up? _____

Alternate Emergency Contact _____ Phone _____

Home Church _____

Please list activities/ hobbies in which your child is interested to help us in activity planning

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give HVBC the permission to act on my behalf in seeking emergency treatment for my child or myself in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve HVBC from liability in acting on my behalf in this regard.

I will not hold or attempt to hold HVBC liable for any loss, damage or injury to person or property caused by any act or neglect of other persons or caused in any manner other than the willful or negligent act of HVBC, its agents and employees, and will indemnify and hold HVBC harmless from any liability for damages or claims against HVBC arising out of or in any way related to any such loss, damage, or injury.

I release HVBC, including its trustees, employees, and agents, from my physical injury, including death or illness while on their trips and activities. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives, or assigns.

I hereby grant permission to HVBC to use, reproduce, and/or distribute photographs, films, video tapes, and sound recordings of me, without compensation or approval rights, for use in materials created for purposes of promoting activities with HVBC.

SIGNATURE of Parent/Guardian

Date

Please check box and complete reverse side if your child has any special needs.

(Allergies—Food or Other, Medical, Physical, Developmental, Emotional, Behavioral)

Special Needs Information

(Allergies, Medical, Physical, Developmental, Emotional, Behavioral)

Student Name _____

Please list and describe your child's special need.

Does your child require an Epi-Pen to be on location? yes no

Please list any other information that may help us in providing a great experience at L.I.G.H.T. for your child.
