

Easter 4 Kids Registration Form

Child's Name

Age

Parent/Guardian's Names _____

Address _____

Email Address: _____

Phone _____

Cell phone _____

Who, other than you, is authorized to pick up child? _____

Do you have a home church?

Yes _____

No _____

If Yes, where? _____

Does your child have any allergies or special needs we should be aware of?

I _____, hereby give my consent as the parent/guardian of

_____ to participate in Abiding Grace Lutheran Church's Easter for Kids held at 5500 Hwy 212, Covington, GA. My child and I hereby release, indemnify, and hold harmless the church's employees and volunteers from any and all liability for any claim, injury, or loss sustained by my child's participation in Easter for Kids activities. I also give permission for pictures/video of my child to be used in the advertising of Abiding Grace. In the event of an emergency, the staff has my permission to seek necessary medical treatment for my child.

Signed

(parent/guardian): _____

Date: _____