

# REGISTRATION -- \$55/CHILD

Please check which program this child is being registered into:

- Preschool Program (Birth - 4yrs)  
 5 years to 6th Graders (turning 5 years old in 2017, up thru those entering 6th grade in the Fall)

First & Last Name: \_\_\_\_\_ [ ]Male [ ]Female

Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Allergies/medical concerns \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian: \_\_\_\_\_ Attend CHCC: [ ]Yes [ ]No

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**MUST PROVIDE A VALID EMAIL ADDRESS -- THIS IS THE PRIMARY MEANS OF COMMUNICATIONS TO PARENTS!!!**

## MEDICAL INFORMATION AND WAIVER FORM

In case of emergency, if all attempts to reach me fail, please call:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group/Member # \_\_\_\_\_

I hereby grant permission for my child to attend Camp @ Coast (C@C) at Coast Hills Church (CHC). In case of accident, sickness, or injury, I grant permission to any member of the CHC or C@C staff to see that any necessary medical assistance is rendered to my child. I also understand that, in case professional emergency treatment is deemed necessary, every effort will be made to contact me immediately, but I give my permission to proceed if I cannot be reached, so that necessary treatment will not be delayed.

I also hereby assume risk of, responsibility and liability for, and release, forever discharge and agree to hold harmless CHC, its directors, employees, volunteers, and event participants, from all liability, claims, demands, expenses, costs and obligations directly or indirectly resulting from personal injury, sickness, death, and/or property damage associated with any activity covered by this form. The undersigned further agrees to hold harmless, defend and indemnify CHC, its directors, employees, volunteers, and event participants for all liability, claims, demands, expenses, costs and obligations directly or indirectly caused by my negligent, willful or intentional act.

I authorize CHC, at its sole discretion, to use and publish for any lawful purpose and without compensation, photographs, video, audio, and/or other depictions of registrant(s) at this event. This authorization shall remain in effect until revoked in writing.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

If paying by check, please make payable to **Coast Hills Church**

[ ] CASH [ ] CHECK [ ] MC [ ] VISA [ ] AMEX [ ] DISCOVER CARD # \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ CARD EXP DATE: \_\_\_\_\_ CSV# \_\_\_\_\_