

2023-2024 Kid's Alive Mid-Week Student Registration/Release

Student/Child Information

Name: _____ Birthdate (MM/DD/YYYY): _____ Age: ____ Grade: ____ Gender: ____

School name: _____

Allergies/Medical/Social Concerns: _____

All Children must be signed out at the end of the night (currently 8:30pm)

Besides the Parent/Guardian information listed below, is there anyone else that you authorize to sign out / pick up your student?

If yes, please list their first & last name/relationship and cell # here: _____

Mother/Female Guardian information:

- First Name: _____
- Last Name: _____
- Cell Phone: _____
- Email: _____
- Address: _____
- Town/State/Zip: _____

Please indicate preferred method of contact: _____

Father/Male Guardian information:

- First Name: _____
- Last Name: _____
- Cell Phone: _____
- Email: _____
- Address: _____
- Town/State/zip: _____

Please indicate preferred method of contact: _____

General Release Authorization:

I give permission for my son/daughter to attend and participate in the **Kid's Alive** mid-week youth program at Valley Brook Community Church during the 2022/2023 school year. I understand that this participation will involve individual and group activities and there is a possible risk of injury or illness. I wholly release Valley Brook Community Church from any responsibility or liability and waive any claims or causes of action against Valley Brook Community Church or it's agents/volunteers, except in a situation of gross negligence on the part of Valley Brook Community Church or it's agents/volunteers. I understand that my child may appear in anonymous photos used in promotional marketing for the **Kid's Alive** youth program.

Printed Name: _____ Signed Name: _____ Date: _____

Please contact us at children@valleybrook.cc with any information that can help us serve your family better.