2022-2023 Collide Mid-Week Student Registration/Release

| | Student | Information | | | |
|---|---|--|---|--|--|
| Name: | Birthdate | Birthdate (MM/DD/YYYY | | | Gender: |
| Cell Phone #: | Email: | School name: | | | |
| Allergies/Medical/Social Co | oncerns: | | | | |
| Sign-out preference at er | nd of activity (circle one): My child | may sign themselves ou | ut <u>OR</u> I will | sign my chi | ld out |
| Besides the Parent/Guardia | an information listed below, is there a | anyone else that you au | thorize to sign | out / pick u | p your student? |
| If yes, please list their first | & last name/relationship and cell # h | ere: | | | |
| | | | | | |
| Mother/Female Guardian information: | | Father/Male Guardian information: | | | |
| First Name: | | First Name: | | | |
| • Last Name: | | Last Name: | | | |
| Cell Phone: | | Cell Phone: | | | |
| | | • Email: | | | |
| Address: | | Address: | | | |
| Town/State/Zip: | | Town/State/zip: | | | |
| Please indicate preferred met | Please indicate preferred method of contact: | | | | |
| hurch during the 2022/2023 ossible risk of injury or illnes aims or causes of action aga n the part of Valley Brook Co | ion: laughter to attend and participate in the school year. I understand that this pass. I wholly release Valley Brook Containst Valley Brook Community Churcommunity Church or it's agents/volung for the Collide youth program. | participation will involve in nmunity Church from an h or it's agents/voluntee | individual and y responsibilit ers, except in a | group activ y or liability a situation o | ities and there is and waive any f gross negligenc |
| rinted Name: | Signed Name: _ | | | Date: | |

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