



Calvary Baptist Church - Parents' Night Out
Registration, Emergency Medical Information & Authorization
3 year old (potty trained) through 5th grade

Child(ren)'s Name

1. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_
2. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_
3. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_
4. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

List at least one person who can be contacted in case we are unable to reach you in the event of an emergency.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

MEDICAL QUESTIONNAIRE

- YES NO Is your child being treated for an injury or sickness?
YES NO Is your child allergic to any type of medication?
YES NO Is your child allergic to any type of food?
YES NO Does your child have any allergies?
YES NO Does your child get nervous or upset easily?
YES NO Does your child have any physical handicap or illness, which would prevent him/her from participating in normal rigorous activity?

If you answered "YES" to any of these questions, please explain: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Due at time of Registration: \$5 CHILD - \$15 FAMILY MAXIMUM (proceeds go toward youth mission trip)

**MEDICAL CONSENT**

I understand that I will be notified in case of emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of the necessary medical services in the event my child is injured or becomes ill. I understand that Calvary Baptist Church will not be responsible for medical expense incurred, but that such expenses will be my responsibility as a parent/guardian.

**I the event of an emergency, I, the parent of \_\_\_\_\_ give permission for him/her to have emergency treatment at any hospital or Emergency Care Center.**

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

**PERMISSION AUTHORIZATION**

While striving to insure a wholesome, safe, and closely supervised environment for children in its care, Calvary Baptist Church cannot be held liable for any unforeseen and unforeseeable accidents or injuries which may occur during the course of any activity. The undersigned assumes that risk and releases Calvary Baptist Church, the staff, youth and all other leaders and persons on behalf Calvary Baptist Church from any and all liability for personal injury in case of accident or sickness.

**I hereby consent to allow my child to attend and participate in the above listed activity.**

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

**Calvary Baptist Church - Parents' Night Out**