



Child's Name _____

Address _____

City, State, Zip _____

Phone _____

DOB _____

Grade Completed _____

Parent's Name _____

Email Address _____

Emergency Contact _____

Emergency Phone _____

Circle T-Shirt Size: (Child) S:6-8, M:10-12, L:14-16

(Adult) S:34-36, M:38-40, L:42-44, XL:46-48

Insurance Co. Name _____

Policy Number _____

Allergy, Special Medical Conditions _____

Registration & Deposit Fee Enclosed \$ _____

Registration Fee: \$20.00 per Person (Due now) T shirt included

Event Deposit Fee: \$10:00 Per event (Due now)

Checks payable to Central Church
Circle the events that your child will participate in:
(Your balance is due in CASH the day of

the event)

- June 11: Lazy 5 Ranch \$20**
- June 25: Reed Gold Mine \$20**
- July 12: VBS Free**
- July 13: VBS Free**
- July 23: Velocity 365 \$30**
- Aug 6: Hagan Stone Park \$20**
- Aug 20: Mount Shepherd \$25**

Please bring a bag lunch for all events

Central Kids Ministries

Medical Release

In the event *(child's name)* _____ suffers any illness or accident requiring emergency hospitalization, surgery, or medication while on any Central Kids Event, I hereby give my permission for the above to receive any medical attention needed upon recommendation of a physician. I will not hold Central Methodist, its pastors, staff or volunteers responsible in the event of accident, injury, loss or death.

Signature of parent or legal guardian