

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 \$
Registration Fee: \$20.00 per Person

(Due now) T shirt included

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 24: Hagan Stone Park	\$20
July 19: VBS	Free
July 23: Velocity 365	\$30*
Aug 5: Mount Shepherd	\$25

*if you have socks from Velocity the price will be \$24.

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