



Creekside Christian Church

Adventure Crew 2016-2017 Registration

For Office Use Only Page ___ of ___	
Reg date	___/___/20___
Form of Pmt	_____
Amt Pd	_____ <input checked="" type="checkbox"/>
F1 date	_____ <input checked="" type="checkbox"/>

Information

1 Child's Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age _____	Birthday _____ / _____ / 20____
Ministry Participation:	<input type="checkbox"/> Heart 2 Heart	<input type="checkbox"/> Women's BIBLE Study	<input type="checkbox"/> Counseling Services
	<input type="checkbox"/> AC Special Events	<input type="checkbox"/> Other _____	
Allergies/health issues/restrictions _____			
2 Child's Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age _____	Birthday _____ / _____ / 20____
Ministry Participation:	<input type="checkbox"/> Heart 2 Heart	<input type="checkbox"/> Women's BIBLE Study	<input type="checkbox"/> Counseling Services
	<input type="checkbox"/> AC Special Events	<input type="checkbox"/> Other _____	
Allergies/health issues/restrictions _____			
3 Child's Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age _____	Birthday _____ / _____ / 20____
Ministry Participation:	<input type="checkbox"/> Heart 2 Heart	<input type="checkbox"/> Women's BIBLE Study	<input type="checkbox"/> Counseling Services
	<input type="checkbox"/> AC Special Events	<input type="checkbox"/> Other _____	
Allergies/health issues/restrictions _____			
4 Child's Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age _____	Birthday _____ / _____ / 20____
Ministry Participation:	<input type="checkbox"/> Heart 2 Heart	<input type="checkbox"/> Women's BIBLE Study	<input type="checkbox"/> Counseling Services
	<input type="checkbox"/> AC Special Events	<input type="checkbox"/> Other _____	
Allergies/health issues/restrictions _____			
Additional Info: _____		Total # of children: _____	Cost per child \$ _____
			Total cost \$ _____

Please complete a separate form for additional children.

Family Information

Parent Name _____ Parent Cell _____ Parent E-mail _____
 Parent Name _____ Parent Cell _____ Parent E-mail _____
 Home Phone _____ Address _____ City _____ Zip _____

Drop-Off/Pick-Up

Who has permission to drop-off/pick-up your child(ren)?

Name: _____ Relationship to child: _____ Contact #: _____
 Name: _____ Relationship to child: _____ Contact #: _____
 Name: _____ Relationship to child: _____ Contact #: _____

Emergency Information

Alternate Emergency Contact: Name _____ Phone _____ Relationship _____

Liability and Medical Release

I understand that participation in Adventure Crew carries certain physical risks and do hereby release Creekside Christian Church of Elk Grove and their representatives from any liability due to accident or injury incurred by my child. In the event that my child is injured while under the care of Creekside Christian Church and its representatives and requires medical attention, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary. By signing below, I agree to the terms above and confirm that all the information on this form is true and correct.

Parent/Guardian Signature _____ Date _____

Relationship to child: _____