



Creekside Christian Church

# Adventure Crew

2018-2019 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:	<div><input type="checkbox"/> Heart 2 Heart </div> <div><input type="checkbox"/> Women's BIBLE Study </div> <div><input type="checkbox"/> Counseling Services </div>	<div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Morning <input type="checkbox"/> Evening</div>				
Allergies/health issues/restrictions _____							
2	Child's Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age ____ Birthday ____ / ____ / 20 ____				
	Ministry Participation:	<div><input type="checkbox"/> Heart 2 Heart </div> <div><input type="checkbox"/> Women's BIBLE Study </div> <div><input type="checkbox"/> Counseling Services </div>	<div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Morning <input type="checkbox"/> Evening</div>				
Allergies/health issues/restrictions _____							
3	Child's Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age ____ Birthday ____ / ____ / 20 ____				
	Ministry Participation:	<div><input type="checkbox"/> Heart 2 Heart </div> <div><input type="checkbox"/> Women's BIBLE Study </div> <div><input type="checkbox"/> Counseling Services </div>	<div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Morning <input type="checkbox"/> Evening</div>				
Allergies/health issues/restrictions _____							
4	Child's Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age ____ Birthday ____ / ____ / 20 ____				
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5	Child's Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age ____ Birthday ____ / ____ / 20 ____				
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6	Child's Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age ____ Birthday ____ / ____ / 20 ____				
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Allergies/health issues/restrictions _____							
7	Child's Name _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age ____ Birthday ____ / ____ / 20 ____				
	Ministry Participation:	<div><input type="checkbox"/> Heart 2 Heart </div> <div><input type="checkbox"/> Women's BIBLE Study </div> <div><input type="checkbox"/> Counseling Services </div>	<div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Morning <input type="checkbox"/> Evening</div>				
Allergies/health issues/restrictions _____							
Additional Info:		Total # of children: _____	<table border="1"><tr><td>Cost per child</td><td>\$ _____</td></tr><tr><td>Total cost</td><td>\$ _____</td></tr></table>	Cost per child	\$ _____	Total cost	\$ _____
Cost per child	\$ _____						
Total cost	\$ _____						

Please complete a separate form for additional children.



**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 #: \_\_\_\_\_

## Adventure Crew 2018-2019 Participation Agreement

**Activity Information** (to be completed by the activity sponsor, Creekside Christian Church)

Name of sponsor's coordinator: Jan James Telephone: (916) 685-4821 ext. 107

Activities include but are not limited to: running, jumping, eating, painting, playing

Date(s) and location of activity: Kids-Care 9/2018-6/2019 Creekside Christian Church

**Participation Information** (to be completed by participant or authorized parent / guardian)

Name of participant:   All Referenced above  

Name of parent: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name of parent: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alt. Telephone: \_\_\_\_\_

List allergies, medical conditions or limitations:   As Referenced Above (Child Information)  

Is sponsor authorized to approve medical treatment? (Circle one) YES NO

Is participant covered by personal / family medical insurance? (Circle one) YES NO

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**Participation Agreement**

I acknowledge that participation in the activity described above involves known & unknown risks to the Participant (and to the Participant's parents or guardians, if the Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent / guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent / guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the Activity as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers or any other representatives (collectively referred to hereinafter as the "Activity Sponsor".) Further, the Participant (or parent / guardian) releases and promises to indemnify, defend and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent / guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent / guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Participant and/or ALL parent/guardians if participant is a minor)