



Information

1 Child's Name _____	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl	Age _____	Birthday ___ / ___ / 20___
Allergies/health issues/restrictions _____				
2 Child's Name _____	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl	Age _____	Birthday ___ / ___ / 20___
Allergies/health issues/restrictions _____				
3 Child's Name _____	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl	Age _____	Birthday ___ / ___ / 20___
Allergies/health issues/restrictions _____				
4 Child's Name _____	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl	Age _____	Birthday ___ / ___ / 20___
Allergies/health issues/restrictions _____				
5 Child's Name _____	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl	Age _____	Birthday ___ / ___ / 20___
Allergies/health issues/restrictions _____				
6 Child's Name _____	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl	Age _____	Birthday ___ / ___ / 20___
Allergies/health issues/restrictions _____				
Additional Info: _____	Total # of children: _____	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 Funtastic 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, playing, snack,

Date(s) and location of activity: May 8 and/or May 11, 2018 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)