

TEAM DAY 2007

CHILDREN'S ACTIVITIES REGISTRATION FORM

Please complete one form per child. Children may not be registered for Team Day activities without a Team Day registered parent or guardian.

| | |
|--|------------------------------------|
| Child's First Name: | Child's Last Name: |
| Child's gender: | Child's Date of Birth: |
| Name and address of Team Day registered parent or guardian | |
| Daytime telephone: | E-mail address: |
| Each child's parent or guardian must provide a cell phone number so that the Children's Activities staff can reach parents during Team Day. | |
| Cell phone number carried during Team Day: | |
| If your child has any current medical conditions or emotional problems of which we should be aware, please attach a written description or explanation of same to this registration. | |
| Is there any reason your child should not engage in the full activities of Team Day? | |
| Please list all allergies (food, medicine, insect bite, etc.) or special dietary requirements: | |
| Team Day staff will not be able to administer medication to your child. If your child must take medication during the hours of Team Day, please make arrangements to travel to Perry Church of the Nazarene to administer those medications. | |
| Child's insurance carrier: | Name of insured: |
| Insurance Policy Number: | Date of child's last tetanus shot: |
| Medical Release I, _____ am the parent or legal guardian of _____. I give my consent for him/her to participate in the Children's Activities at Team Day. To the best of my knowledge he/she is physically fit to engage in such activity and is not suffering from any disease of injury. I agree and do hereby waive and release all claims against the Michigan District Church of the Nazarene, the Eastern Michigan District Church of the Nazarene, Perry Church of the Nazarene and any staff or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my daughter/son for any person injury or illness that may be suffered or any loss of property that may occur to my son/daughter. I give consent and authority for the Team Day children's activities staff or designated adult to take action to help insure the safety, health, and welfare of my son/daughter. I also give my consent for any medical treatment, including emergency surgical care if necessary; and for transport in the event of a medical emergency. I give permission for my child to participate in authorized trips and activities under the supervision of Team Day children's activities staff and designated adult volunteers. (If child is unable to participate in certain activities, please detail this information above or under separate cover. I agree to comply with any Children's Activities staff recommendation regarding my child's participation or removal from the activities. Parent or legal guardian's signature: _____ Date: _____ | |