

# KABOOM REGISTRATION FORM



Child's First & Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
E-Mail \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_  
Siblings \_\_\_\_\_  
*Food Allergies* \_\_\_\_\_

## CAMANO CHAPEL **CONSENT AND RELEASE FROM LIABILITY FORM**

I, \_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_,  
(Print name of parent or guardian) (Relationship parent/guardian) (Print Name of child/student)  
do hereby consent to his/her participation in the Life Development & Student Ministries activities.

This Consent and Release Form applies to functions and/or activities including:

- Transportation to and/or from scheduled meetings, trips, outings and/or camps
- Participation in scheduled meetings, trips, outings and/or camps
- Medical care for child/student in case of emergency
- Use of child's/student's photo individually or in a group setting. (Pictures may only be used for the purpose of ministry related bulletin boards, videos, brochures, and /or church directories.)

I understand that I, or my designee, is responsible for the above child's safety prior to pickup and immediately upon drop off at designated pickup and drop off points. I further understand that all drivers and passengers of Camano Chapel vans and/or personal vehicles used in any event are required by state law to wear seat belts. ***Seat belts must be worn at all times while vehicles are in motion.***

### **Emergency Medical Information:**

- Doctor's Name/Phone Number: \_\_\_\_\_
- Health Insurance Carrier and Policy Number: \_\_\_\_\_
- Insurance Subscriber: \_\_\_\_\_
- Person financially responsible: \_\_\_\_\_
- Known allergies: \_\_\_\_\_
- Last Tetanus shot: \_\_\_\_\_
- My child is affected by conditions requiring medication, and is currently taking the following medication prescribed by his/her doctor: Medications include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the ministry staff to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named on this form. I understand every effort will be made to notify parents or guardians of child/student.**

**I DO HEREBY AUTHORIZE AND HOLD HARMLESS CAMANO CHAPEL, and all of its ministries and departments, each of the leaders, and each of the accompanying persons FROM ALL LIABILITY for mishap or injury of any nature whatsoever,**

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE of Parent or Guardian

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone