



# Parents' TIME OUT Registration Form

\*\*Fill this form out 1 time, 1 per family, for our records. The next time your child(ren) come to Parents' TIME OUT you will just need to call the church office (382-8521) or email ([amanda@bush@gmail.com](mailto:amanda@bush@gmail.com)) 1 week prior to the event in order to register your child.

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

All Phone #s you can be reached at (home/work/cell) \_\_\_\_\_

## Info. about Your children.

*Child 1* Name \_\_\_\_\_ Age & Grade Level \_\_\_\_\_

Any special needs or conditions (allergies) we should know about? \_\_\_\_\_

*Child 2* Name \_\_\_\_\_ Age & Grade Level \_\_\_\_\_

Any special needs or conditions (allergies) we should know about? \_\_\_\_\_

*Child 3* Name \_\_\_\_\_ Age & Grade Level \_\_\_\_\_

Any special needs or conditions (allergies) we should know about? \_\_\_\_\_

*Child 4* Name \_\_\_\_\_ Age & Grade Level \_\_\_\_\_

Any special needs or conditions (allergies) we should know about? \_\_\_\_\_

I, \_\_\_\_\_, do hereby release and forever discharge Belmont Christian Church and all those persons involved in organizing and conducting this event from all claims, demands, losses, damages, actions, cause of action or suits of whatsoever kind of nature, arising out of my child/children's participation in any Parents' TIME OUT that I register them for. I desire and consent by signing this form he/she/they may take part in all activities. I assume all risks incident to the nature of this child centered event and agree that any agents conducting this activity will not be responsible for any damages or injuries resulting these children. Furthermore, I also agree that I have appropriate health care coverage for this activity and I understand that there would be no reimbursement for medical expenses incurred from this event.

Signature

Date