

Blitz 2018

Student Registration Form

Valley Church

4343 Fuller Road

West Des Moines, IA 50265

November 2, 2018

- Please Print -

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>
Name(s): _____	Home Phone: _____	_____
Address: _____	Work Phone: _____	_____
City: _____ State: _____ Zip: _____	Cell Phone: _____	_____
Family Church: _____	E-Mail: _____	_____
	Other: _____	_____
	Emergency*: _____	_____

<u>Child's Name (First, Middle, Last)</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>	<u>Guest of</u>
_____	_____	_____	_____	_____	_____

<u>Medical Info (allergies, medicines, special needs)</u>	<u>Comments / Questions</u>
_____	_____
_____	_____
_____	_____

Terms and Conditions

Medical & Emergency Release

I hereby authorize the treatment of my child by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or under discomfort if delayed, while said child is participating in Middle School Blitz All-Nighter on and off-site activities, including transportation to and from those activities. This authority is granted only after a reasonable attempt has been made to contact me. I realize that church insurance begins wherefore the individual's health and accident insurance policy terminates. It is only valid when the other insurance has been extended to its limits.

Discipline Release

If in the event of repeated student misconduct, I authorize the staff to contact me and I will come and pick up my child.

General Release

I agree to hold harmless Valley Church and any organizations, partners with in activities for any and all claims for injuries, causes for action, or liability related to use of all facilities.

I, _____ being the legal guardian of
(PRINT-Participant's Parent/Guardian)

the following student/ minor, give my permission to _____
(PRINT-Participant)

to go to, travel to, and participate in Middle School Blitz 2018, under the direction of their group leader.

(SIGN-Participant's Parent/Guardian)

Registration Fee:

Please make checks out to:

Please return to:

Office Use
Fees paid:
Dues Y <input type="checkbox"/> N <input type="checkbox"/>
Cash or Check