



## REGISTRATION & RELEASE 2023-2024

### *PARENT / GUARDIAN Information*

Mom's Name _____	Mom's Cell (_____) _____ - _____	
Dad's Name _____	Dad's Cell (_____) _____ - _____	
Mom's Email _____	Dad's Email _____	
Street Address _____	City _____	
State _____	Zip Code _____	Home Phone (_____) _____ - _____
Emergency Contact Person _____	Phone (_____) _____ - _____	

The following people MAY NOT pick up my child(ren):

---

---

Other important or sensitive household information:

---

---

---

---

Other things to know about my kid(s):

---

---

---

(over)

# Household Information

Please complete for every child under 18.

## Child #1 Information:

Name \_\_\_\_\_  
Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_  
School \_\_\_\_\_  
Child Email \_\_\_\_\_  
Child Cell (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Physician's Name \_\_\_\_\_  
Physician's Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Allergy, Medical, Special Needs Information: \_\_\_\_\_  
\_\_\_\_\_

## Child #2 Information:

Name \_\_\_\_\_  
Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_  
School \_\_\_\_\_  
Child Email \_\_\_\_\_  
Child Cell (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Physician's Name \_\_\_\_\_  
Physician's Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Allergy, Medical, Special Needs Information: \_\_\_\_\_  
\_\_\_\_\_

## Child #3 Information:

Name \_\_\_\_\_  
Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_  
School \_\_\_\_\_  
Child Email \_\_\_\_\_  
Child Cell (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Physician's Name \_\_\_\_\_  
Physician's Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Allergy, Medical, Special Needs Information: \_\_\_\_\_  
\_\_\_\_\_

## Child #4 Information:

Name \_\_\_\_\_  
Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_  
School \_\_\_\_\_  
Child Email \_\_\_\_\_  
Child Cell (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Physician's Name \_\_\_\_\_  
Physician's Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Allergy, Medical, Special Needs Information: \_\_\_\_\_  
\_\_\_\_\_

## Waiver of Liability Statement

I, the parent / legal guardian of THE ABOVE NAMED CHILD(REN) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to Pine Knolls Alliance Church or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Furthermore, I release Pine Knolls Alliance Church, together with the adults in charge of each event, from any and all claims resulting from injury or damage that may be sustained by said child(ren) while participating in Pine Knolls sponsored activities during the 2023-2024 ministry year (September 1, 2023 - August 31, 2024).

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This release will be valid for all Family Ministry activities during the 2023-2024 ministry year, unless a written request to terminate this release is received by Pine Knolls Alliance Church prior to the start of a particular event. This includes, but is not limited to: Sunday morning, events / classes, Celebration Place, The Landing, Kids Club, CONNECT, Young Life, Summer Camp, and any other special event. Furthermore, this shall serve as a release to use photos or likeness of named student(s) in promotions and publications, both digital and in print unless a written request to the contrary is received. By providing your email and cell numbers you grant permission to be added to our communication lists.