



# Pathway Fellowship

Registration Form  
KidZone

Note: Shirts are youth sizes (XS, S, M, L or XL), please note if adult size is needed

Child 1: _____	Grade: _____	Birthday: ____/____/____	Shirt Size: _____
Child 2: _____	Grade: _____	Birthday: ____/____/____	Shirt Size: _____
Child 3: _____	Grade: _____	Birthday: ____/____/____	Shirt Size: _____
Child 4: _____	Grade: _____	Birthday: ____/____/____	Shirt Size: _____

Parent/ Legal Guardian's Name(s): \_\_\_\_\_ (Please list child's permanent residence information)  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_

In the case of an emergency, we will first attempt to reach the numbers listed above, followed by anyone listed here:

Contact 1: \_\_\_\_\_ HM: \_\_\_\_\_ WK: \_\_\_\_\_ CELL: \_\_\_\_\_  
 Contact 2: \_\_\_\_\_ HM: \_\_\_\_\_ WK: \_\_\_\_\_ CELL: \_\_\_\_\_

Please list all additional persons (besides those listed above) authorized to pick up child(ren) from the program:

\_\_\_\_\_  
 \_\_\_\_\_

Notes for Leader (Food and Drug Allergies/ Medications currently taking/ Physical Limitations/ Other Special Instructions):

\_\_\_\_\_  
 \_\_\_\_\_

Doctor: \_\_\_\_\_ Medical Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Current Church Home: \_\_\_\_\_ Do you attend:  Rarely  Frequently  Regularly  
 Are you:  New to Pathway  Visiting Again  Interested in discovering how your family could get more involved with Pathway Fellowship

I, the legal parent or guardian of the aforementioned child(ren), hereby give my permission for my dependant to attend and participate in KidZone activities and events. I authorize any duly authorized employee, volunteer or representative of Pathway Fellowship as agent(s) for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any licensed physician, dentist or surgeon, whether such diagnosis or treatment is rendered at the office of said physician, dentist or surgeon or at a clinic, hospital or other medical facility. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, dentist or surgeon in the exercise of his/her best judgment may deem advisable.

I understand that all recreational activities have the inherent possibility of injury to person or property. Injury and property damage may also result from activities which we do NOT allow and may result from activities which are prohibited. I understand that this document constitutes a full and complete release from liability insofar as Pathway Fellowship is concerned, and by signing below, I hereby hold harmless the staff, trustees, volunteers, and all other representatives of Pathway Fellowship, of responsibility for any and all injury or damage to my child or property. I understand that my medical insurance acts in a primary position and I agree to bear all costs incurred. I take full responsibility for my child's actions and agree to pay for any damages caused by my child.

By attending this KidZone event and signing this release form, you give Pathway permission to use your child(ren)'s photo for KidZone productions.

Signature of Parent/ Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If child is brought by someone other than a legal guardian, has authorization been given by a legal guardian? \_\_\_\_\_ (Guardian Initial here)

Last Name: \_\_\_\_\_

