



registration | 2020-2021

Parent(s)/Guardian(s) Name: _____

Address (primary residence): _____

Mobile Phone Number: _____ Mobile Carrier: _____

Email: _____

Child Information

child 1

Name: _____ **Date of Birth:** _____ **Gender:** Male Female

Grade (circle one): Nursery Age 3 Age 4 Young 5's/Pre-K Kindergarten 1st 2nd 3rd 4th 5th

Dismissal (circle WAIT or GO) Note, parent pick-up is required for birth through Kindergarten:

WAIT for parent to pick-up GO alone when program ends

Allergies/Special Needs we should know about: _____

child 2

Name: _____ **Date of Birth:** _____ **Gender:** Male Female

Grade (circle one): Nursery Age 3 Age 4 Young 5's/Pre-K Kindergarten 1st 2nd 3rd 4th 5th

Dismissal (circle WAIT or GO) Note, parent pick-up is required for birth through Kindergarten:

WAIT for parent to pick-up GO alone when program ends

Allergies/Special Needs we should know about: _____

child 3

Name: _____ **Date of Birth:** _____ **Gender:** Male Female

Grade (circle one): Nursery Age 3 Age 4 Young 5's/Pre-K Kindergarten 1st 2nd 3rd 4th 5th

Dismissal (circle WAIT or GO) Note, parent pick-up is required for birth through Kindergarten:

WAIT for parent to pick-up GO alone when program ends

Allergies/Special Needs we should know about: _____

Release and Waiver of Liability

I acknowledge that participation in Harbor Churches activities may involve some inherent risk to the participant which may result in various types of injury, including but not limited to: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage and/or financial injury. On behalf of my minor child(ren), I agree to assume all of the foregoing risks, both known and unknown, and accept sole responsibility for any illness, liability, or expense, of any kind, that I, or my child(ren), may experience or incur in connection with their participation in Harbor Kids or Harbor Students. I hereby release and hold harmless Harbor Churches from any and all claims on behalf of myself, my child(ren) and/or their estate, including all liabilities, and expenses.

In the event of sickness or medical emergency where I am not present and cannot be reached, I request that my child(ren) receive any medical attention or treatment deemed necessary by the volunteers, and/or staff of Harbor Churches. Therefore, I give permission to any hospital, doctor, and/or health care provider to treat, transport, and admit my child. I understand that I am responsible for all expenses and charges for the treatment and care of my child(ren).

Further, I give permission for pictures and video of my child(ren) to be used on the Harbor Churches' websites, social media, and other in and out of house publicity. **If I am opposed to this, I will request a photo denial form from a Ministry Staff Member.**

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

ALL parent/guardian signatures are required if participant is a minor