

Fall Youth Rally Registration Form

Student Information

Student Name: _____

Address: _____

Phone Number: _____

Parent / Guardian Information

Name: _____

Phone Number: _____

Any Medical or Behavioral Information or Restrictions for this event?

Release:

I am the legal parent and/or guardian, and I give him/her permission to participate fully in all Activities. I also release Kingdom Church from all liability while my child is participating in activities. I give Grace Church and any other pertinent local church leaders permission to obtain, in an emergency, medical care for him/her in the event I cannot be reached and such is necessary. I understand that every effort will be made to contact me in case of such an emergency.

Signature