



KidZone Registration/Release

Great Exchange Covenant Church
 2346 Walsh Ave.
 Santa Clara, CA 95051
 Phone: 408-988-0222
 Fax: 408-988-0333
 Email: KidZone@grx.org

Please fill out all information that is applicable:

Today's Date: _____

- We're visiting and would like to be added to the registration system to receive future emails
- We're visiting and would NOT like to be added to the registration system or receive future emails

Parent/Guardian First & Last Name	Gender	Cell/Phone	Email Address
		() -	
		() -	

Main Address	Home Phone
	() -

Child's First & Last Name	Gender	Birth Date	Allergies/Special Needs/ Other Concerns
		/ /	
		/ /	
		/ /	

Emergency Contact

First & Last Name	Relationship to Child	Phone Number
		() -
		() -

Permission, Authorization to Treat a Minor, Liability, Accidental Injury, & Photo Release

I, _____ (parent's/guardian's first and last name) hereby grant permission for my child listed above to participate in KidZone services. I understand that children participating in KidZone will be under the supervision of and responsible in conduct to KidZone Leaders at all times. I understand that the name(s) listed for "Authorization for Drop Off and Pick Up" or any individual with possession of my child's Key Tag or Card has permission to check-in or check-out my child.

I/We hereby give permission for my/our child to attend KidZone. I/We give the group leaders permission to take any necessary action in the event of an emergency. I/We, the undersigned, parent(s)/guardian(s) of the child listed above, a minor, do hereby authorize KidZone at Great Exchange Covenant Church (GrX), 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 rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practices Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I/We, the parent(s)/guardian(s) of the child listed above, hereby acknowledge that my/our child and I/we freely and voluntarily have chosen to participate in KidZone conducted by GrX. I/We hereby agree to defend, protect, save and hold harmless GrX, participating private entities, and/or any cooperating or sponsoring public entities and their respective agents from any liability for accidental personal injury, accident, illness, death, or property damage which I/we or my/our child may suffer arising out of his/her/their participation in GrX programs.

I/We, the parent(s)/guardian(s) of the child listed above, realize that pictures may be taken at KidZone by KidZone staff for fun memories and/or future promotional purposes and hereby give permission for my/our child to be photographed.

 Parent/Guardian 1 (print first & last name)

 Signature

____/____/____
 Date

 Parent/Guardian 2 (print first & last name)

 Signature

____/____/____
 Date

RETURN completed Registration Form to the KidZone Welcome Table or mail to the Church Office.

Office Use Only: <input type="checkbox"/> Entered Data _____/_____/_____ <input type="checkbox"/> Other _____
--