



Child's Name

Gender

Grade

Birthdate

Allergies

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent/Guardian Contact Information

Name

Email

Phone

_____	_____	()
_____	_____	()

Emergency Contact (other than parent)

Name

Phone ()

_____	_____
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Medical and Liability Release

Every activity sponsored by The Fields Church is carefully planned and adequately supervised by trained, mature adults. However, even with the best planning and precautions, accidents can occur. By signing this form the parent/guardian agrees to assume and accept all risks and hazards inherent in church related activities. They also agree not to hold The Fields Church or its employees or volunteer staff liable for damages, loss, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minors listed on this form and the signature is for both a medical and liability release.

Parent or Guardian's Signature

Date