

Galt Bible Church Adventure Club Registration

Please print

Family Information:

Parent Name(s): _____

Address: _____

City: _____ Zip Code: _____

Church you attend: _____

E-mail: _____ Phone: _____ Cell or Home (please circle)

Explorer Information:

Explorers Name: _____ Group: Trackers (3-5) Scouts (6-8) Trailblazers (9-11)

Age: _____ Birthday: _____ Nick Name: _____

List any medical or food allergies of explorer (please write "None" if applicable):

List any medication explorer will be taking while attending Adventure Club (please write "None" if applicable):

Explorers Name: _____ Group: Trackers (3-5) Scouts (6-8) Trailblazers (9-11)

Age: _____ Birthday: _____ Nick Name: _____

List any medical or food allergies of explorer (please write "None" if applicable):

List any medication explorer will be taking while attending Adventure Club (please write "None" if applicable):

Explorers Name: _____ Group: Trackers (3-5) Scouts (6-8) Trailblazers (9-11)

Age: _____ Birthday: _____ Nick Name: _____

List any medical or food allergies of explorer (please write "None" if applicable):

List any medication explorer will be taking while attending Adventure Club (please write "None" if applicable):

Explorers Name: _____ Group: Trackers (3-5) Scouts (6-8) Trailblazers (9-11)

Age: _____ Birthday: _____ Nick Name: _____

List any medical or food allergies of explorer (please write "None" if applicable):

List any medication explorer will be taking while attending Adventure Club (please write "None" if applicable):

Galt Bible Church Adventure Club Parental Consent and Release of Liability

Please Print and Provide All Information Requested

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Release of Liability – Please initial: _____

I acknowledge that involvement of my Child/Children in the Galt Bible Church Adventure Club may involve risk of property damage and or personal injury, illness or even death, including but not limited to the risks arising from transportation–related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Parental Consent and Release of Liability, I state that my Child/Children is/are fully capable of safely participating in all Adventure Club activities, and I expressly assume all risks of my Child/Children's involvement, whether such risks are known or unknown to me at this time. I further generally release Galt Bible Church their directors, officers, employees, volunteers, and agents, and other participants at Adventure Club, from any and all claims that I or my Child/Children may have against any of them, whether on or off Galt Bible Church grounds. This Release of Liability is given on behalf of myself, my Child/Children, and any heirs, family, estate, administrators, and personal representatives of me and my Child/Children.

Consent to Medical Treatment – Please initial: _____

I hereby give my consent that my Child/Children may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during Adventure Club activities.

Media Release – Please initial: _____

I understand that participating in Adventure Club activities, my Child/Children may be photographed. I agree to allow my Child/Children's photo, video or film likeness to be used for any legitimate purpose by Galt Bible Church.

Authority to Sign

I represent and warrant that I am a parent or legal guardian of the Child/Children named above and have the full power and authority to sign this Parental Consent and Release of Liability on behalf of my Child/Children. By signing below, I acknowledge that I have read and understand this document and represent that all information provided is accurate.

Parent or Legal Guardian Signature

Date Signed

Parent or Legal Guardian Signature Printed Name

Phone Number – Please print clearly

Emergency Contacts:

Name – Please Print

Phone Number – Please print clearly

Relationship to explorer/explorers

Name – Please Print

Phone Number – Please print clearly

Relationship to explorer/explorers