

# EAST VANCOUVER

• COMMUNITY CHURCH •

12415 SE 7<sup>th</sup> Street Vancouver, WA 98683

## Parents Night Out Registration Form

Child's Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Child's Age & Grade: \_\_\_\_\_

Allergies or Special Needs: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Parent's Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact Name (other than parent) and Phone Number:

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In order for my child, a minor, to take part in East Vancouver Community Church's Parents Night Out program, I hereby give permission for him/her to participate in any or all of the activities planned for tonight's event. In event of an emergency where medical treatment is required, I give my permission to the church staff and volunteers to obtain services for treatment as is deemed necessary. I(we) recognize that there are risks inherent in activities including risk of personal injury. IN ADDITION, I(we) AGREE TO INDEMNIFY AND HOLD HARMLESS East Vancouver Community Church, its representatives, successors, heirs, whether caused by participant's negligence or otherwise, and AGREES TO ASSUME FULL RESPONSIBILITY AND RISK for any bodily injury, death or property damage from participant's negligence, from acts of any other participants and from accidents suffered during this activity.

I also agree to photos of my child to be posted on East Vancouver Community Church's webpage, Facebook Page, Twitter account and for promotional information. By circling (NO), I do not authorize my child's photo to be used.

Parent/Guardian's Signature(s): \_\_\_\_\_

Today's Date: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_