

Children's Convention Registration & Medical Release Form

August 31st to September 3rd 2018

Family Last Name _____

Contact Email _____ State _____ City _____

EMERGENCY CONTACT INFO

Dad's Name _____ Cell Phone _____

Mom's Name _____ Cell Phone _____

Other Emergency Contact _____ Cell Phone _____

Relationship to the child _____

MEDICAL RELEASE & PUBLICITY

In the event of an emergency, I authorize Emanuel Romanian Pentecostal Church or their representatives to secure first aid of my child(ren) and/or the services of a physician or hospital and I agree to assume all financial obligations incurred there with. Authority is granted only after a reasonable effort has been made to reach me.

I understand and hereby agree to assume all of the risks, which may be encountered by my child at the Conventia Bisericii Pentecostale Romane 2018 Pasadena, hosted by Emanuel Romanian Pentecostal Church, including activities preliminary and subsequent thereto. I do hereby agree to hold Emanuel Romanian Pentecostal Church, their employees/volunteers, harmless from any and all liability.

I permit Emanuel Romanian Pentecostal Church to use any photographs, video tapes, recording or any other records taken while I or my children are at Conventia Bisericii Pentecostale Romane 2018 Pasadena and engaged in any activity or event sponsored, promoted, or organized by Emanuel Romanian Pentecostal Church, including publicity, advertising, or any legitimate purposes.

Signature of Parent or Guardian Date

CHILDREN

Child #1

First name _____ Last Name _____

Gender (circle one) Male Female Birthday _____ Age _____ Grade _____

Special Needs _____

(food allergies, medication, physical disabilities..)

(OVER)

Child #2

First name _____ Last Name _____

Gender (circle one) Male Female Birthday _____ Age _____ Grade _____

Special Needs _____
(food allergies, medication, physical disabilities..)

Child #3

First name _____ Last Name _____

Gender (circle one) Male Female Birthday _____ Age _____ Grade _____

Special Needs _____
(food allergies, medication, physical disabilities..)

Child #4

First name _____ Last Name _____

Gender (circle one) Male Female Birthday _____ Age _____ Grade _____

Special Needs _____
(food allergies, medication, physical disabilities..)

Child #5

First name _____ Last Name _____

Gender (circle one) Male Female Birthday _____ Age _____ Grade _____

Special Needs _____
(food allergies, medication, physical disabilities..)

Child #6

First name _____ Last Name _____

Gender (circle one) Male Female Birthday _____ Age _____ Grade _____

Special Needs _____
(food allergies, medication, physical disabilities..)