

Emergency Information

In the event of any emergency, who would you like us to contact if we cannot reach those mentioned above?

Name: _____

Relationship: _____

Phone number: _____

As a parent/guardian, I give my permission, in case of emergency, for treatment of those listed on the front side of this registration form. I understand that any costs for treatment are my responsibility, and I will not hold Grace Point Church of Paradise or Paradise Bible Fellowship Church responsible for any emergency that may occur.

_____ *Signature* _____ *Date*

Doctor's Name _____ Phone _____

Hospital of Choice _____

Please list any known allergies or physical restrictions along with the name of the student to whom it refers. Note: The Paradise Pioneer Club Committee and/or class leaders will not administer any medication to any child while in club attendance.

Consent for photographs and name submission

___ Yes, I hereby consent to have my child(ren) photographed or videotaped for the purpose of promoting Paradise Pioneer Clubs. _____ *(signature and date)*

___ No, I do not consent to have my child(ren) photographed in any way.

___ Yes, I hereby consent to have my child(ren) identified by their first and last name if a photograph is submitted to our local newspaper for promotional purposes (i.e., Pinewood Derby winners). _____ *(signature and date)*

___ No, I do not consent to have my child(ren) identified in any newspaper by name.

*We ask that you submit this completed form and your registration money to
Paradise Bible Fellowship Church, 3092 Lincoln Highway East, Paradise, PA 17562.
Thank you!*