



Super Summer 4 Kids

Vancouver Campus - August 14th-18th

CHILD'S NAME _____ Grade this fall _____ Age _____

D.O.B. _____ Male___ Female___

Allergies___ Asthma___ Other___

List allergies, etc. on the back of this form.

I'd like my child to be placed in a group with:

CHILD'S NAME _____ Grade this fall _____ Age _____

D.O.B. _____ Male___ Female___

Allergies___ Asthma___ Other___

List allergies, etc. on the back of this form.

I'd like my child to be placed in a group with:

CHILD'S NAME _____ Grade this fall _____ Age _____

D.O.B. _____ Male___ Female___

Allergies___ Asthma___ Other___

List allergies, etc. on the back of this form.

I'd like my child to be placed in a group with:

CHILD'S NAME _____ Grade this fall _____ Age _____

D.O.B. _____ Male___ Female___

Allergies___ Asthma___ Other___

List allergies, etc. on the back of this form.

I'd like my child to be placed in a group with:

I authorize ALC to seek emergency medical services, if needed, for my child.

I hereby give Abundant Life Church permission to film, video tape and/or photograph my child(ren), listed above, for the purpose of utilizing the material for future production or to exhibit the success of this event. The content/photos will not be sold or used by anyone outside of Abundant Life Church. I understand and agree that no compensation will be paid to my child(ren) for participating in this film, video and/or photography.

Parent/Guardian _____ PH # _____

Home Address _____ City, State & Zip _____

ALC Member___ ALC Attendee___ Home Church _____

Please list anyone other than yourself who is authorized to pick up your child:

PH # _____ Relationship _____

PH # _____ Relationship _____

X _____
Parent/Guardian's Signature _____ Date _____

Allergies, Other Conditions and Emergency Contact Information

INSTRUCTIONS: Please list any known allergies and/or conditions of which you feel we should be aware.

1. CHILD'S NAME: _____

Allergies and/or Medical Alert Information: _____

Do any of these conditions require medication or medical treatment? YES _____ NO _____

If you marked "YES" please list details and instructions: _____

2. CHILD'S NAME: _____

Allergies and/or Medical Alert Information: _____

Do any of these conditions require medication or medical treatment? YES _____ NO _____

If you marked "YES" please list details and instructions: _____

3. CHILD'S NAME: _____

Allergies and/or Medical Alert Information: _____

Do any of these conditions require medication or medical treatment? YES _____ NO _____

If you marked "YES" please list details and instructions: _____

4. CHILD'S NAME: _____

Allergies and/or Medical Alert Information: _____

Do any of these conditions require medication or medical treatment? YES _____ NO _____

If you marked "YES" please list details and instructions: _____

In case of a medical emergency and we are unable to reach you, please list an emergency contact below:

EMERGENCY CONTACT: _____ **PH #** _____

RELATIONSHIP TO CHILD: _____