



# Registration Form

The Amazing Race Summer Adventure is for incoming 5th & 6th graders, and graduating 6th graders only!

Student Name: \_\_\_\_\_

T-Shirt Size (circle one):      YS      YM      YL      YXL      AS      AM      AL      AXL

Age: \_\_\_\_\_ Grade in Fall 2010: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

Dietary needs: \_\_\_\_\_

Allergy needs: \_\_\_\_\_

Medications: \_\_\_\_\_

Anything else we should know about your child: \_\_\_\_\_

## Dismissal Information:

Name(s) of person(s) who may pick up this child from The Amazing Race Summer Adventure . The child will not be released to anyone who is not noted on this form without written permission from the parent.

\_\_\_\_\_  
\_\_\_\_\_

## Medical Consent Form

We (I), the undersigned, do hereby give permission for our (my) child to attend and participate in Northpark Community Church's Amazing Race Summer Adventure from August 9-12, 2010. We (I), authorize an adult, in whose care the above named minor has been entrusted by us or a staff member of Northpark Community Church, to consent to any reasonably necessary medical examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and/or hospital care, to be rendered to the above named minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of California law and an active member of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of any such physician or any such hospital, clinic, or urgent care facility.

We (I), the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. We (I) understand that should it be necessary for our (my) child to return to my care due to medical reasons or otherwise, that I shall assume all transportation costs.

Doctor's Name/Phone # \_\_\_\_\_

Dentist Name/Phone # \_\_\_\_\_

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

Preferred Hospital: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**PLEASE ALSO FILL OUT BACK SIDE OF THIS FORM COMPLETELY!**

## **Waiver and Release**

I, \_\_\_\_\_, Parent/Guardian, on behalf of ("Participant Minor Child") do hereby release, waive, discharge, and covenant not to sue and agree to hold members of Northpark Community Church, its officers, directors, employees, representatives, agents and affiliates, and the staff of The Amazing Race Summer Adventure from any and all claims, demands and actions of any and every kind directly or indirectly arising out of or relating in any respect to the participation of the Participant Minor Child in Northpark Community Church's Amazing Race Summer Adventure. My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act by the staff of Northpark Community Church's Amazing Summer Adventure or sustained before, during or after Northpark Community Church's Amazing Race Summer Adventure unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of either the church or the staff of Northpark Community Church's Amazing Race Summer Adventure. I understand that, without limitation of the foregoing, neither the Northpark Community Church or The Amazing Race Summer Adventure staff shall be liable and each is hereby released from all claims that may arise from loss or damage to the Participant Minor Child's personal property or the interruption of the Amazing Race Summer Adventure for whatever reason. Neither Northpark Community Church or the Amazing Race Summer Adventure staff shall be responsible for any lost or stolen property of the Participant Minor Child or any persons attending day activities thereof.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

## **Media Release**

On behalf of ("Participant Minor Child"), the undersigned parent does agree to grant to Northpark Community Church permission to record on film, video tape, or audio tape, the participation of Participating Minor Child in The Amazing Race Summer Adventure on August 9-12, 2010. The undersigned parent/guardian further agrees that any or all of the material recorded may be used, in any form, as part of any future productions made by or for Northpark Community Church or mySTUDIO56.com.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_