## **STOCKADE BOYS CLUB**

## Grades 3-6 Registration Form 2017-2018

Boy's Name:			Grade:		
Parents' Names:					
Phone: (Home) (Cell)				_	
Which school doe	s your child attend?				
Which church, if	any, do you attend?_				
Boy lives with:	☐ Both Parents	☐ Mom Only	$\square$ Dad Only	$\Box$ Other	
Boy's Birthday:	E	-mail Address:			
Mailing Address:					
	Street s:		ty	Zip	
effectively?	we should know abou				
	ation or Instructions:				
Fees: Registration	n \$20.00				
DATE OF LAST	TETANIIS SHOT	AIIF	EDGIES		
	I TH INCHE ANCE				
	LTH INSURANCE (				
DOCTOR	Name		City	Phone	
IMPORTANT IN	FORMATION OR IN	NSTRUCTIONS	•		

## **PARENT PERMISSION-RELEASE FORM**

Authorization to consent to treatment of minor:
I, the undersigned parent of
It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.
Authorization for program involvement: I authorize my child to participate fully in program activities, both on and off church grounds.
You have my permission to use my child's picture in promotional materials including flier and web page, etc.
"In consideration of my child's participation in the activities of BRCC Boys Clubs, I hereby release and forever discharge BRCC Boys Clubs, its leaders, Black Rock Congregationa Church, its leaders, employees and officers, jointly and severally from any and all actions causes of actions, claims and demands for, upon or by reason of any damage, loss or injury which may hereafter be sustained by my child."
This authorization shall remain effective through September 1, 2018, unless sooner revoked in writing delivered to said agent(s).
DATEPARENT or LEGAL GUARDIANSignature
Signature

**OVER PLEASE**