

# His Kids Bible Club

## Registration Form

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Any Food Allergies \_\_\_\_\_  
Any Activity Restrictions \_\_\_\_\_  
Age as of Sept. 1 st \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

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### **“His Kids” Club Activity Permit**

*Angleton First United Methodist Church \* Angleton, Texas*

*Event: His Kids Club Meetings and Activities*

#### **TO WHOM IT MAY CONCERN:**

As a parent or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

The under signed assumes the responsibility for any costs connected with such treatment and hereby releases the Angleton First United Methodist Church “His Kids” Club from any liability therefor.

Name of minor \_\_\_\_\_ Relationship \_\_\_\_\_

This release is intended for meetings and activities from September 9, 2007 through April 16, 2008. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed \_\_\_\_\_ Father \* Mother \* Legal Guardian  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Specific medical allergies, illness, or other conditions \_\_\_\_\_

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Other emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_