



Parent's Night Out!

Registration forms must be turned in to Jaime Staehle

Parent Name _____

Address _____ Phone _____

Email Address _____

Child's Name _____ Age/Grade _____

Child's Name _____ Age/Grade _____

Child's Name _____ Age/Grade _____

Child's Name _____ Age/Grade _____

Emergency Contact Information

Parent Contact Number _____

Emergency Contact _____ Number _____

Emergency Contact _____ Number _____

Doctor _____ Phone _____

Allergies or Medical Conditions _____

If necessary and/or requested by your child which of the following may your child take? _____ Tylenol _____ Ibuprofen

LIABILITY RELEASE

Every activity sponsored by The First Presbyterian Church at Caldwell is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church, its employees, its volunteer assistants, or church members' private facilities, liable for damages, losses, or injuries to the person or property undersigned. The parents/guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

In the event that I cannot be reached in an emergency during the date specified on this form, Friday, October 21, 2016 I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

Signature of parent or guardian: _____ Date signed: _____