

WAKESHMA COMMUNITY CHURCH

16732 East UV Avenue, Fulton MI 49052

269/729-5431

WakeshmaChurch.com

Cubbies & Adventure Club Emergency Record

2009-2010

Name: _____ Grade: _____

Home address: _____ Home phone: _____

Town/Zip _____ Birth date: _____

Father's name: _____ Mother's name: _____

Home church: _____ Parents email: _____

Parent Cell Phone: _____

Please list a neighbor or nearby relative we could contact to assume temporary care of your child if you can not be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Is your child subject to any physical or mental conditions that could result in an emergency? Explain: _____

_____.

Does your child have any allergies? _____ List: _____

Family physician: _____ Phone: _____

I give permission for the Youth leaders to transport my child to a medical care facility and obtain necessary medical treatment (this does not financially obligate the leaders or Wakeshma Community Church).

Signed: _____ Date: _____

Name of Insurance Co. _____ Policy No. _____

I give permission for my child to participate in club activities and waive all claims to any liability due to accident or injury sustained whether in transit or during the activities. Every precaution will be taken by the leaders to insure proper supervision and safety. However, if you cannot sign below, we cannot allow your child to club activities. (Signing does not obligate you to send your child to any activity.)

Signed: _____ Date: _____