

**Summer IMPACT!  
NURSERY & PRESCHOOL REGISTRATION  
July 23-26, 2017**

**PERSONAL INFORMATION**

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Grade-Fall 2017 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Church \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_  
 Parent's Contact Phone # (day) \_\_\_\_\_ (evening) \_\_\_\_\_  
 Emergency Contact Person & Phone # \_\_\_\_\_ (not parent's phone)  
 We are staying at:    Home                      WPC (Apt. # \_\_\_\_\_ )                      Other \_\_\_\_\_

**MEDICAL INFORMATION**

Any allergies?    No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please list: \_\_\_\_\_  
 Reaction: \_\_\_\_\_  
 Health Insurance Carrier: \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_  
 Name of Physician: \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

**To expedite the check-in process, please print out this form, fill it out, and bring it with you when you check your child into the nursery/preschool program. Thank you.**

**SPECIAL NEEDS INFORMATION**

In order to best serve our special needs children, we are asking that you fully disclose any conditions that require additional supervision and/or care so that we can work with you to make this time of celebration an enjoyable experience for everyone. If deemed necessary by the program director, please provide one-on-one assistance for your special needs child. Please describe the special need your child has: \_\_\_\_\_

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*(Please complete both sides of this registration card)*

**Association of the Churches of God in Oregon, Inc. (The "Association")**

**WAIVER & RELEASE**

(For Participants Under The Age of 18)

**UNDER  
18**

I am the parent or legal guardian of this registered child, \_\_\_\_\_ a minor ("Participant"). I agree that the Participant may participate in the Association's program. I understand that during the program, the Participant will be involved in indoor and outdoor physical activities which I agree entail both known and unknown inherent risks, deriving from, but not limited to, equipment malfunctions, building malfunctions, lack of supervisions and/or trained assistants; lack of proper equipment or padding, netting, or other safety measures; slipping, falling, colliding with fixed objects or other people, as well as the negligence act/or omissions committed by me, my child(ren)/ward(s), or employees or volunteers of the Association. Physical reactions to exercise may include heat-related illness, abnormal heartbeats and blood pressure and, in rare instances, events such as heart attacks. While the Association takes all reasonable precautions, we can make no guarantees regarding these and other risks. Recognizing the risks of the program, and in consideration for allowing the Participant to participate in the program, I hereby release, discharge and agree to hold harmless, and to indemnify the Association, their trustees, directors, officers, contributors, sponsors, congregation, volunteers, employees, contractors, agents representatives and assigns against and from any causes of action, claims, demands, damages, costs, loss of services, expenses, compensation, all consequential damages and attorneys' fees (regardless whether pursuant to the laws of any county, state or country) claimed by, through or on behalf of me or the Participant related directly or indirectly to the program, and specifically including any and all claims for personal injuries sustained while participating in program activities without regard to negligence or negligent conditions.

**MEDICAL RELEASE \_\_\_\_\_ INITIAL**

In addition, I hereby authorize the Association, if after a reasonable attempt has been made to reach a parent, guardian or emergency contact to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Participant under the general or special supervision and on the advice of any physician or surgeon who may treat the Participant, and consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment and hospital care, to be rendered to the Participant by any health care professional who may treat the Participant. I agree to pay for any such treatment and to reimburse the Association, for all costs and expenses it may incur related to such treatment.

**PHOTO/VIDEO RELEASE \_\_\_\_\_ INITIAL**

I hereby authorize and give full consent to the Association of the Churches of God in Oregon, Inc. to use all photographs and videos in which my youth appears while involved in the Association's program. Photographs and videos will be used exclusively for ministry purposes of the Association of the Churches of God in Oregon, Inc.

I expressly agree that this consent is intended to be as broad and inclusive a release of liability as permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I hereby warrant and represent that I am 18 years old or older; I have carefully read this consent and agree to its terms and conditions, that before signing this agreement I had the chance to ask questions; and I am aware that by signing this consent, I assume all risks and waive and release certain substantial rights that I and participant may have or possess against the Association. To the extent permitted by applicable law, I hereby irrevocably and unconditionally waive trial by jury in any legal action or proceeding related to this agreement.

I have fully read the above permissions and releases, understand them, and I expressly agree to them. I hereby certify that there are no contraindications to the Participant's participation in the Association's program. I am the parent or legal guardian of the Participant, and this permission and release is binding on me and my executor, administrators and heirs and assigns.

\_\_\_\_\_  
*Signature of Parent(s)/Guardian(s)*

\_\_\_\_\_  
*Date signed*

**3/8/2017**