



**Registration Form
For
Friday Night Funnel**



Date of event: ____/____/____

Name _____ Grade entering in fall ____ Age ____

Address _____ City _____ Zip _____

Your phone number _____ Home church: _____

Your birthday ____/____/____ Your school _____

Emergency contact name & phone number _____

E-mail _____

My space _____

I was brought by _____

What is your favorite baby food? _____

Parents:

Due to some of the activities like the rock climbing wall, skateboarding, etc., all students must have a permission slip signed prior to them participating.

I give my permission for my son/daughter _____ to attend the Funnel Block Party. In case of emergency, I give my permission for qualified medical personnel to administer emergency treatment to my child. I understand that Ivy Memorial Baptist Church, any volunteer or any vendor will not be held responsible in case of an accident.

Parent Signature _____ Date _____

Medical Information: (If you do not know this info., then that's ok)

Insurance Company _____ Policy # _____

Responsible Party _____

Emergency Contact Name _____ Phone # _____

Any known medical conditions _____

Do we have your permission to use photographs of your child on our website and/or bulletin board? _____ Yes _____ No