

# Adventure Kids Registration Form



Child's Name: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Child's Age: \_\_\_\_\_ School Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent or Guardian Names: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Church: \_\_\_\_\_ Name of Clergy: \_\_\_\_\_

Please List any Health Problems: \_\_\_\_\_

Food allergies: \_\_\_\_\_

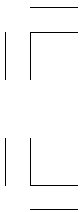
Hobbies & Talents: \_\_\_\_\_



Yes, We would be interested in the "Van Pick-Up Program"



Permission Slip Signed on reverse side of this registration form



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**Participant/Parent/Guardian Waiver and  
Indemnity Agreement with:**

Crossview Church  
P.O. Box 160  
13313 Indiana Street  
Grabill, IN 46741  
(260)627-3551

Program/Activity: Adventure Kids  
Participants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

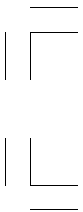
In consideration of your accepting me or my child for participation in the above-named program, activity, or sport, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization and its agents for any and all injuries suffered by myself or my child that arise out of the above-named program, activity, or sport sponsored by the above-named organization.

I warrant that I have the right to authorize the foregoing and do hereby hold the above-named organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named organization for damages arising out of the above-named program, activity, or sport, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signature of Parent or Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_



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