



# MOPPS at Calvary Chapel Lake Stevens

Registration Form 2018-2019

# FIND YOUR FIRE

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

IF APPLICABLE: Anniversary: \_\_\_\_\_ Husband's name: \_\_\_\_\_

Do you use Facebook? Y / N If yes, what is your Facebook account name? \_\_\_\_\_

Do you attend church? Y / N If yes, where? \_\_\_\_\_

Have you attended MOPPS before? Y / N If yes, where & how long? \_\_\_\_\_

## Children

|    | First & Last Name | Birthdate | Allergies | MOPPETS Childcare? |
|----|-------------------|-----------|-----------|--------------------|
| 1. | _____             | _____     | _____     | Y / N              |
| 2. | _____             | _____     | _____     | Y / N              |
| 3. | _____             | _____     | _____     | Y / N              |

(list additional children on the back)

Additional Information: \_\_\_\_\_

## Medical & Media Release

As parent/legal guardian of the above individuals, I permit the individual to participate in MOPPETS. I also hereby waive the forever discharge claims for damages which the above listed individuals, their heirs, executors, and administrators may have or accrue against Calvary Chapel Lake Stevens and MOPPS International, their representatives, agents and volunteers, arising from any injuries, physical or mental, suffered in connection with MOPPETS activities during the above registration year. I also approve of emergency care for the above individuals, under direction of the event leader or consulting medical professional, if I cannot be contacted. I have read, understand, and agree to the above listed statement.

I give permission to allow CCLS MOPPS to use my children's likeness for media purposes (photos, video, audio) to promote MOPPS.

I DO NOT give permission to allow CCLS MOPPS to use my children's likeness to promote MOPPS.

\_\_\_\_\_  
Parent Signature Print Name Date

## Membership

- I am paying in full (\$120 due)
- I am paying in two equal installments (\$60 due May 25, 2018 & Nov 9, 2018)
- I have applied and been granted a partial scholarship (1/3 or 1/2 scholarship)
- Additional tax-deductible donation to support Scholarship Fund of \$\_\_\_\_\_

Fees are non-refundable and non-transferrable and are required for membership with CCLS MOPPS.  
Please make checks payable to CCLS and note MOPPS in the memo and deliver this form and payment to  
CCLS MOPPS at 9428 4th St SE, Lake Stevens, WA 98258.

For MOPPS group use: Discussion Group assigned: \_\_\_\_\_ Date registration received: \_\_\_\_\_ Date Processed: \_\_\_\_\_  
Date of 1st payment: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash/Check # \_\_\_\_\_  
Date of 2nd payment: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash/Check # \_\_\_\_\_  
MOPPS to Mom Web ID: \_\_\_\_\_ Registered online (date): \_\_\_\_\_ Mom # \_\_\_\_\_

**Children continued**

|    | First & Last Name | Birthday | Allergies | MOPPETS<br>Childcare? |
|----|-------------------|----------|-----------|-----------------------|
| 4. | _____             | _____    | _____     | Y / N                 |
| 5. | _____             | _____    | _____     | Y / N                 |
| 6. | _____             | _____    | _____     | Y / N                 |

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_