



**REGISTRATION/PERMISSION & EMERGENCY RELEASE FOR
CENTERSHOT HAWAII MINISTRY
PLEASE PRINT CLEARLY**

NAME OF CHILD: _____ **Date of Birth:** _____ **Male/Female**

STREET ADDRESS: _____ **SCHOOL** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **GRADE** _____

TELEPHONE #: _____ **E-MAIL:** _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ **Tele#** _____

NAME: _____ **Tele#** _____

MEDICAL INSURANCE COMPANY: _____ **POLICY #:** _____

Are there any dietary limitations, allergies or current medications? Yes/No If yes please explain:

I give permission for my above named son/daughter to participate in **Centershot Hawaii Ministries** with **Waipio Grace Brethren Church**.

I hereby release Waipio Grace Brethren Church, its staff and sponsors, from responsibility and liability for any injury or illness that my son/daughter may sustain while participating in **Centershot Hawaii**.

In the event of an emergency, **I hereby authorize** one of the adult leaders from **Waipio Grace Brethren Church** to serve as agent for me, to consent to x-ray exam, medical, dental, or surgical diagnosis, treatment and/or hospital care. Care must be provided by a physician, EMT, RN, surgeon, dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. **I expect** to be contacted as soon as possible.

I also give my permission for my child's image to be used in any **Waipio Grace Brethren Church** or **Centershot Hawaii** publication, promotional materials, website and/or slide shows.

****SIGNATURE OF PARENT/GUARDIAN (by typing your name it certifies as your signature):**

_____ **DATE:** _____

Tele#: c- _____ w- _____ h- _____