

Kings Circle
2110 NW Circle Blvd.
Corvallis, OR 97330
(541) 757-9080
kingscircle.church



Annual Student Registration Form

2018/2019

Food Allergies

Office Use
Child's Last Name _____

Parent/Guardian Name (please print) _____

Address: _____ City _____ Zip: _____

Home Phone: _____ Cell: _____ email: _____

Secondary Contact Person _____

Home Phone: _____ Cell: _____

Would you like to subscribe to the **Kings Circle email list**? Yes No

How would you like to receive event information for your family? Text FB Website Snailmail

Oldest Child's Last Name _____ First Name _____
Date of Birth (month/day/year) _____ Gender: male female T-Shirt Size _____
School Name _____ Grade: _____
Student 's Contact Info (email/phone) _____
List any known medication/food allergies or physical restrictions: _____
Name and dosage of any medication this child will need while at Kings Circle event* _____

***Child may not keep any medications with him/her. Please give any medications to the Registration Coordinator**

Second Oldest Child's Last Name _____ First Name _____
Date of Birth (month/day/year) _____ Gender: male female T-Shirt Size _____
School Name _____ Grade: _____
Student 's Contact Info (email/phone) _____
List any known medication/food allergies or physical restrictions: _____
Name and dosage of any medication this child will need while at Kings Circle event* _____

***Child may not keep any medications with him/her. Please give any medications to the Registration Coordinator**

Third Oldest Child's Last Name _____ First Name _____
Date of Birth (month/day/year) _____ Gender: male female T-Shirt Size _____
School Name _____ Grade: _____
Student 's Contact Info (email/phone) _____
List any known medication/food allergies or physical restrictions: _____
Name and dosage of any medication this child will need while at Kings Circle event* _____

***Child may not keep any medications with him/her. Please give any medications to the Registration Coordinator**

Use Extra Form for additional children

Form Continues on Back

Van Release My Child(ren) will ride the bus Yes No

If Yes, where will they get on the bus? _____

Where will they get off the bus? _____

I hereby give my permission for all the children listed above to ride the church van. I understand that my children will be under adult supervision at all times. I have received a copy of the van safety rules and my child(ren) will abide by them. I further agree to direct my child(ren) to conform to the fullest with directions and instructions of the adults in charge. I further understand that in signing this permission slip, I release and hold harmless Kings Circle, its trustees, officers, employees, owners, drivers, and any volunteers from any liability, past, or future, fully and completely.

Parent or legal guardian signature _____

Media Release: Kings Circle will be photographing/videoing some of the students who participate in church activities and with the permission of parents or guardians such media may be used in promoting the Church and the Church's ministries, especially children's ministries.

Please indicate by checking the appropriate box as to whether or not the Church may photograph your child and use said photography for promotional purposes.

- Yes, you have our permission to photograph our child named on this form.
- No, we prefer that you not use any such photography of our child for any such purposes.

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury.

Do you have medical insurance? Yes No

Name of Insurance Company _____

Policy Number _____ Group Number _____

Name of Primary Policy Holder _____

Family Physician _____ Phone _____

**Child may not keep any medications with him/her. Please give any medications to the Registration Coordinator.
*Medication must be in original prescription container.***

Medical Liability & Release:

I understand that Kings Circle provides liability insurance coverage for church sponsored activities. This insurance is *secondary* to my own insurance coverage, which is agreed as being primary. In the event of injury to a non-insured participant and in the event of a claim against the insurance carrier for the church, I agree to assume full financial responsibility for all such related costs.

I understand that, in the event of medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being. It is understood I can expect communication from church representatives as immediately as is possible in such emergency situations.

I understand all reasonable safety precautions will be taken at all times by Kings Circle and its agents during this activity. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Kings Circle, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.

This form gives my permission for the student listed above to participate in all activities of Kings Circle and to be transported by church van or private car when necessary. I understand that all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against Kings Circle, the sponsors, and the owner/driver of the car or van furnishing transportation to any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____

This form is valid until August 31, 2019. If any information changes within that time, the parent/guardian is responsible to fill out a new form and turn it in to the Church Office

Additional Children

Fourth Child's Last Name _____ First Name _____
Date of Birth (month/day/year) _____ Gender: male female T-Shirt Size _____
School Name _____ Grade: _____
Student 's Contact Info (email/phone) _____
List any known medication/food allergies or physical restrictions: _____
Name and dosage of any medication this child will need while at Kings Circle event* _____

***Child may not keep any medications with him/her. Please give any medications to the Registration Coordinator**

Fifth Child's Last Name _____ First Name _____
Date of Birth (month/day/year) _____ Gender: male female T-Shirt Size _____
School Name _____ Grade: _____
Student 's Contact Info _____
List any known medication/food allergies or physical restrictions: _____
Name and dosage of any medication this child will need while at event* _____

***Child may not keep any medications with him/her. Please give any medications to the Registration Coordinator**

Sixth Child's Last Name _____ First Name _____
Date of Birth (month/day/year) _____ Gender: male female T-Shirt Size _____
School Name _____ Grade: _____
Student 's Contact Info _____
List any known medication/food allergies or physical restrictions: _____
Name and dosage of any medication this child will need while at Kings Circle event* _____

***Child may not keep any medications with him/her. Please give any medications to the Registration Coordinator**