

CHILD CARE REGISTRATION FORM

Event (circle one):

Arise | MOPs | Growth Group | North Coast Classes
Carlsbad REAL Women | San Marcos Escondido Women's Study | Other

Child's Name: _____

Age: _____ Sex: M/F Date of Birth: _____

Health Concerns / Allergies: _____

Special Needs: _____

Parent's name: _____

Phone: Cell: _____

Email: _____

Leader's Name & Phone: _____

NORTH COAST CHURCH
Medical and Liability Release Form

In case above number does not answer please notify:

Child's NAME _____ PHONE _____

DOCTOR _____ PHONE _____

HEALTH HISTORY

Allergies: ___ Insect stings ___ Drugs (type _____) ___ Other: _____
Other Conditions: _____ Heart Condition ___ Frequent Colds ___ Chronic Asthma
___ Diabetes ___ Hay Fever ___ Frequent Stomach Upsets ___ Epilepsy ___
Physical Handicap ___ Other: _____

If you checked any of the above. Please give details (i.e., include normal treatment of allergic reactions) _____

Liability Release

Every activity sponsored by North Coast Church is carefully planned and adequately supervised by trained mature adults. However even with the best of planning and precautions accidents can occur. By signing this form the parent/guardian agrees to assume and accept all risks and hazards inherent in church related activities. They also agree not to hold North Coast Church or its employees or volunteer staff liable for damages, loss, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Parent or Guardian's Signature

Date