



Registration Form

2023 - 2024

Child's Last Name _____ First Name _____

Birthdate _____ Male/Female _____ Age _____ Grade _____
(Must be potty trained if under 5 years old)

Address _____ City _____ Zip Code _____

Home Phone _____ Email _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Guardian Name _____ Cell Phone _____

Home Church: SVCC None Other Name of home church _____

If you don't attend SVCC, how did you hear about us?

PHOTO RELEASE

I hereby give Salinas Valley Community Church permission to use photos of my child for wall displays, scrapbooks, promotional in-house related videos and slide presentations, marketing/promotional purposes on the Salinas Valley Community Church Facebook page, social media, etc.

I also hereby release Salinas Valley Community Church and its employees and volunteer staff from all claims, demands, and liabilities whatsoever in connection with the above statements.

Signature of Parent/Guardian: _____

Date: _____

OR

_____ Check here if you do not consent.

Signature of Parent/Guardian: _____

(Please turn over and complete back of form)

This section for Registrar only:

Assigned Club:	Cubbies	Sparks (K 1st 2nd)	T&T (3rd 4th 5th 6th)	Trek	Journey
Fees Paid:	_____ \$45 Registration		Total Paid _____	Check # _____	Cash _____
	_____ \$15 Book				
	_____ \$20 Uniform		Date _____	Payment Plan: Yes	No

**Medical & Liability Release Form
(Valid September 1, 2023 - July 31, 2024)**

Medical History:

Hay fever Insect stings Heart condition Frequent colds
 Other allergies Chronic asthma Diabetes Physical handicap
 Epilepsy or other nervous disorder Frequent stomach upsets

If any of the above, please give details regarding treatment _____

Date of last tetanus shot _____ Name & dosage of any medication taken _____

Allergic to any medications or foods? _____ Please list _____

Do you have health insurance? _____ If so, please list name _____

Policy # _____ Address _____

In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by SVCC group leaders to hospitalize, secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

LIABILITY RELEASE: No activities are without the possibility of unforeseen hazards. Certain activities have the inherent possibility for risk, therefore, we want to alert parents, guardians and individuals to them. By signing this form, the parents, guardian, or individual agrees to assume and accept all risks and hazards inherent in these activities. They also agree not to hold SVCC or its agents liable for damages, losses 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 that the signature is for both a medical and a liability release.

Child's full name _____

Parent or guardian's signature _____