

****USE ONE CARD PER FAMILY** WAYSIDE CHAPEL ~ KIDZONE VISITOR REGISTRATION CARD 2011/2012**

Parent/Legal Guardian Names _____ Today's Date ___/___/___
Last First

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Alternate Phone _____ Email Address _____

First Name	Last Name	M/F	DOB	Grade as of Fall '11 <i>(If applicable)</i>	Allergies, special needs or other medical information	Address if different from above

For Wayside Chapel ~ Authorization/Waiver Form

As parent or legal guardian for the child/children listed above, I hereby authorize and consent to the following:

1. My child/children may be given reasonable emergency medical care and treatment in connection with all church events, and I authorize the person(s) in charge of the activity to administer, arrange for, and authorize such emergency medical care and treatment in my place and stead; and
2. My child/children may be photographed for church-related media presentations.

I knowingly and voluntarily WAIVE AND RELEASE all claims and causes of action of any kind whatsoever (other than for gross negligence or willful misconduct) against Wayside Chapel, its elders, pastors, officers, staff and volunteers, which I or my child/children may hereafter have by reason of or relating to my child's/children's participation at Wayside Chapel, including injury, illness, or death of my child/children and damage to any property or the property of my child/children. I UNDERSTAND THAT THE CLAIMS AND CAUSES OF ACTION HEREBY WAIVED AND RELEASED INCLUDE THOSE BASED, IN WHOLE OR IN PART, ON THE ORDINARY NEGLIGENCE (BUT NOT GROSS NEGLIGENCE OR WILLFUL MISCONDUCT) OF WAYSIDE CHAPEL, ITS ELDERS, PASTORS, OFFICERS, STAFF OR VOLUNTEERS.

Signature of Parent or Legal Guardian _____ **Date:** ___/___/___

In the event of an emergency, person to be contacted:

Name _____ Phone _____ Alt. Phone # _____