

REGISTRATION FORM

Afterschool Adventures at

Bethesda Blast in

Club & Choir

_____ Choir (5K-5th) _____ Club (3K-12th) _____ Missions (6th-12th)

Bethesda Bus After School Pickup? (CES, PTH, CMS: depending on interest and space) ___ Yes ___ No

Name _____

Age _____ Birthdate _____ Grade _____ School _____

Address _____

Parents' Names _____ Home phone _____

Work/Cell Phones _____

Email address _____

Home church _____

Doctor's name _____ Phone _____

Food Allergies or Medical Concerns _____

Person(s) authorized to pick up child:

Mom _____ Dad _____ Others _____

Emergency contact if parent or guardian cannot be reached:

Name _____ Relationship _____

Emergency contact phone _____

I give my permission to Bethesda to seek medical attention for my child if necessary while participating in the programs. I understand that all necessary precautions will be taken for my child's safety. I will not hold the church, its staff, or those supervising liable. Also, I consent to a photo/video release for church purposes.

Signature of Parent or Guardian: _____

Parents Are Awesome! Can you help?

Here are some ways we could use your help. Please check if you are able:

**Help with Recreation (2:30-3:30) _____

**Help Co-lead a Club small group (3:15-4:30 or 4:15-5:30) _____

**Fill in when a Club Leader is absent (3:15-4:30 or 4:15-5:30) _____

Help with special events _____

Other/As needed _____

_____ Program Fee of \$30/5K-12th graders and \$20/preschooler- with a \$70 family max