

Registration Form

Fall 2008 KENPO KARATE

With Mr. Salinas

Presented through Children's Ministries at St. John's Lutheran Church

Mondays – September 15th – November 17th 2008 (all classes)

Thursdays – September 18th – November 13th 2008

4:00 to 5:00pm and, or 5:00 to 6:00pm in Room 203 (top of Middle School stairs)

(Return to the School Office – Attention: Children's Ministries)

St. John's Lutheran Church Attn: Children's Ministries
154 S. Shaffer Street
Orange, CA 92866

Children must be in Kindergarten through 4th grade for the 2008 / 2009 School Year

Child's Name: _____

Child's Birth Date: _____ Age: _____ Parent's Name(s): _____

Address: _____

_____ E-mail: _____

Home Phone: _____ Cell or Work Phone: _____

Payment Enclosed: Make Checks Payable to Jesse Salinas

\$108 (one day/week) (9 sessions @ \$12/per session)

\$162 (two days/week) = \$108 + 54 for 2nd day

\$25 Uniform Fee (If you do not have one)

MEDICAL CARE AUTHORIZATION

Pursuant to California Family Code §6910, I, _____, a parent/guardian having legal custody of _____, a minor child, hereby authorize St. John's Lutheran Church, an adult person into whose care such minor child has been entrusted, to consent to any X-ray examination (or similar examination such as by CAT scan), anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. I agree to pay any and all costs for the foregoing.

My medical insurance provider is _____

and my insurance certificate number and/or group number is _____

This authorization shall remain effective until September 30, 2009.

Doctor's name _____ Phone _____

NOTIFICATION OF PUBLISHING OR SHOWING MINOR CHILD'S STILL OR MOVING IMAGE

I, the parent/guardian of _____, understand that from time to time pictures are taken during the activities at the St. John's Lutheran Church of Orange, CA, or under its direction, then presented in various church sponsored media. These include, but are not limited to, pictures, video productions, newsletters, television programs, web casts, brochures, handbooks, programs and Internet web pages. This section serves as notification to you that any meetings, events and activities (including worship) are considered public and may be video taped and/or photographed and used in the above listed manner.

Signed _____ Date _____