

Parent's Night Out Registration

Submit form & money to church office

Registration ends at noon the day of event

Electronic check in available to only those paid by noon the day of event

Parents' Name: _____

Phone: _____ Cell: _____

E-mail: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Child 1 Name: _____

Birthdate: _____ Grade 2011-12: _____

Allergies: _____

Child 2 Name: _____

Birthdate: _____ Grade 2011-12: _____

Allergies: _____

Child 3 Name: _____

Birthdate: _____ Grade 2011-12: _____

Allergies: _____

Child 4 Name: _____

Birthdate: _____ Grade 2011-12: _____

Allergies: _____

Please indicate any specific room requests: _____

****Pizza and drinks included!****

****Activities include: Bounce house, Movie, and Games****

Please enter the month you are registering and paying for:

Paid: Total _____ Cash _____ Check # _____

Medical Release Form

When medical emergency treatment is necessary, I/we hereby give my/our consent for the children listed on this form to receive medical care during a Crosspoint Church related activity. I/we hereby authorize an adult leader of this activity, as agent for me/us, to consent to any x-ray examination, medical/dental/surgical diagnostic procedures, treatment (including anesthetics) and/or hospital care as deemed necessary by a licensed physician. I/we understand that Crosspoint Church nor its staff and leaders assume any responsibility or liability in the event of such emergency. I/we understand that Crosspoint Church will contact me/us as soon as possible by the staff/leaders.

_____ Birthdate _____
Child 1 Name Birthdate

_____ Birthdate _____
Child 2 Name Birthdate

_____ Birthdate _____
Child 3 Name Birthdate

_____ Birthdate _____
Child 4 Name Birthdate

Parent Name (please print)

Parent Signature

Date