



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Age (as of Aug. 1, 2006): \_\_\_\_\_ Birthday (dd/mm/yy): \_\_\_\_\_  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business or Cell Phone: \_\_\_\_\_  
Email (please PRINT legibly): \_\_\_\_\_  
Emergency Contact name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Emergency Contact phone: \_\_\_\_\_

I \_\_\_\_\_ the undersigned parent or guardian of the above named applicant for participation in the CUMC Kidz Night Out program, agree to abide by all policies and regulations, and do hereby release and discharge Christ United Methodist Church and its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of actions which might be asserted in behalf of myself or my minor child against said church, representatives, or staff. Furthermore, in the event of an accident, I hereby grant permission to said staff or representatives to administer necessary first aid, and/or take applicant to the nearest medical facility for additional treatment.

Parent or Guardian's Printed Name: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

I agree to abide by all the policies and procedures associated with the Kidz Night out program at Christ United Methodist Church, and understand that violation of such policies and procedures may result in such disciplinary actions as not being able to participate in certain activities, a phone call to my parents, and/or not being allowed to participate in future Kidz Night Out programs.

Kid's Printed Name: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

*For Office Use Only*

Date ID Card Issued: \_\_\_\_\_

Medical Release on File?      YES      NO

Disciplinary Action: \_\_\_\_\_