



Take-Off

For **KIDS** ages 4-10
July 2017!
(10:00 a.m. - 1:30 p.m.)

Thursday: July 6

Tuesdays: July 11, 18, 25

This summer kids have four exciting **TAKE-OFF** days starting July 6. Kids will enjoy learning the Good News about Jesus as they have lots of fun. Neighbor kids are always welcome. Moms, you'll want to circle these four days on your calendar and enjoy a few hours to **TAKE-OFF** on your own as well!

Bring a SACK LUNCH & filled-out Registration Form for each child. (Extra Registration Forms will be available each week at Take-Off)

Questions? 206-878-2145

TAKE-OFF REGISTRATION

PLEASE COMPLETE BOTH SIDES OF THIS FORM FOR **EACH** CHILD ATTENDING TAKE-OFF.

Child's Name _____

Address _____

Apartment or Suite # _____

City _____ Zip _____

Parent email: _____

(please print legibly)

Phone _____

Alternate phone number (NOT THE SAME AS ABOVE) in case of emergency:

Grade entering in Fall of 2017 ____ Age ____ (Circle one) M / F

If your child is coming with a friend or sibling, what is his/her name?

Insurance Provider _____

Policy Number _____

List any current illnesses or medical conditions:

What drugs, if any, is your child allergic to?

Date of last tetanus shot? _____

List any known allergies that may impact your child at TAKE-OFF.

Any dietary or other activity restrictions during TAKE-OFF?

Who is allowed to pick up your child? (**include parents**) _____

**PARENTAL AUTHORIZATION
TO CONSENT TO MEDICAL TREATMENT**

(Print name of "MINOR" attending TAKE-OFF club.)

(Print name of PARENT or Legal Guardian)

In case of emergency, every effort will be made to contact a PARENT or guardian of the MINOR named above.

The above named PARENT of the MINOR has entrusted the MINOR into the care of the TAKE-OFF Club, while the MINOR participates in an activity sponsored by the TAKE-OFF Club, and for the welfare of the MINOR. The PARENT understands all reasonable safety precautions will be taken at all times by Des Moines Gospel Chapel and its agents during the event. The PARENT understands the possibility of unforeseen hazards and knows the inherent possibility of risk. The PARENT agrees not to hold Des Moines Gospel Chapel, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the child named above.

The PARENT does hereby authorize the TAKE-OFF directors to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the laws of the State or County in which the medical care is being sought and on the medical staff of any hospital.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the TAKE-OFF Club to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, or physician in the exercise of his/her best judgment, may deem advisable.

The PARENT hereby agrees to fully pay all costs of medical or dental care incurred for the MINOR by the TAKE-OFF Club under this authorization.

This authorization will remain effective until July 27, 2017.

I have read and agree to the above medical consent,

The above PARENT or legal guardian's signature

Dated



21914 7th Ave S
Des Moines, WA 98198

