

AMAZING WEDNESDAYS

**AMAZING
BEGINNINGS**

**AMAZING
DISCOVERIES**

**AMAZING
JOURNEYS**

Office Use Only

Registration is \$25 per child or \$1/week, per child

Children ___ X \$25 = ___

Dues paid weekly

Books for:

Pre-K to 2nd grade \$13.00

___ X \$13 = \$___

3rd-6th \$10 (Binder & handouts)

___ X \$10 = \$___

T-Shirts ___ X \$10 = \$___

Tote bag ___ X \$7 = \$___

Total: \$ _____

Cash or Check# _____

Parent(s) Name _____

Address _____ City _____

Zip _____ E-mail _____

Home #(____) _____ Cell #(____) _____

Secondary Emergency Contact _____

Phone (____) _____

Current Church: Cypress Church Other _____ None

.....
Child's Name _____ M / F

Grade in fall 2014 _____ Age _____ Date of Birth _____

Allergies/Medical Info: _____

.....
Child's Name _____ M / F

Grade in fall 2014 _____ Age _____ Date of Birth _____

Allergies/Medical Info: _____

.....
Child's Name _____ M / F

Grade in fall 2014 _____ Age _____ Date of Birth _____

Allergies/Medical Info: _____

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September 17th, 2014 – May 13th, 2015

Medical Release (one per family):

*I, the undersigned parent or legal guardian of the following minor/minors: _____, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care to which the aforementioned physician in the exercise of his/her best judgment may deem advisable. **It is understood that all reasonable effort shall be made to contact the undersigned prior to rendering treatment of the patient/patients, but that any of the above treatment will not be withheld if the undersigned cannot be reached.** This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California and shall remain effective until May 14th, 2015. I in consideration of the benefits to be derived from the aforesaid programs, I hereby waive any claim against Cypress Church.*

Video and Photo Release: *I understand photographs **may** be taken of my child/children and a video may be produced and used for ministry purposes.*

Parent or Guardian Signature _____

Date ____ / ____ / ____