

# TeamKID

## REGISTRATION AND PERMISSION FORM

New Hope Christian Center  
1108 N Argonne Rd Spokane Valley WA 99212

Dear Parent,

Please fill out this Registration and Permission Form and return it on your first team night.  
(Registration is FREE this year).

Please Print

Name: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parents Email: \_\_\_\_\_ 2nd Cell Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

Parents Names (or Legal Guardian): \_\_\_\_\_

Home Church: \_\_\_\_\_

Any health problems, allergies, or restrictions in game participation? \_\_\_\_\_

Up-to-date on vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency contact person if parents cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to attend and participate in New Hope Christian Center TeamKID program and any special activities and events planned by TeamKID.

I do herewith authorize emergency treatment be given if necessary only after a reasonable effort has been made to reach us/me the parent(s) or guardian.

I the undersigned do hereby release and agree to hold harmless the TeamKID Leadership, New Hope Christian Center, and TeamKID International from any and all liabilities or claims for personal injury or illness which may be incurred by my child while attending and participating in the TeamKID program and its activities and special events.

***\*Please note that games are physically interactive and injuries can happen.***

***Parent initials:*** \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_