

SURF

Registration 2017



1

Child's Name

First Name	Last Name	Birth Date	Grade

2

Contact Information

Parent/Guardian _____

Address _____

Phone _____ Email _____

3

Permission & Release

I give permission for the above named child(ren) to attend SURF at Balboa Community Church with the understanding and agreement that neither the church nor any individual be held responsible in the event of accident, injury, or disability. I further give permission for my child to be treated by a licensed physician designated by the church in case of emergency.

Parent/Guardian Signature: _____ Date: _____

In case of emergency, contact: _____ Phone: _____

Please list any physical limitations, medical conditions and allergies on the back of this form.