

# ADVENTURE WEEK REGISTRATION

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade for 2025 \_\_\_\_\_ 2026 School Year: 4 yo K 1st 2nd 3rd 4th 5th 6th 7th 8th

Parent Name \_\_\_\_\_ Phone 1 \_\_\_\_\_

Address \_\_\_\_\_ Phone 2 \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Does your family attend church? Yes No If yes, what church? \_\_\_\_\_

How often do you attend church? Weekly Often Seldom Never

Would you like more information about Chatham Baptist Church? Yes No

If yes, by email? Yes No

What email address should we use? \_\_\_\_\_

Does your child have any allergies or diet restrictions?

*Please list any allergies or restrictions. In the case of allergies, please state the severity using the following: (Life-Threatening, Moderate, Occasional, Mild)*

Does your child have an EpiPen? Yes No

Is there any other important information you need to share with us?

## EMERGENCY CONTACTS

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

## PHOTO & VIDEO RELEASE

With my signature below, I grant permission for my child to be photographed & videotaped while attending Adventure Week. I understand that pictures and videos may appear in local media publications, and/or in publications of Chatham Baptist Church. I also understand that no personal information will be given in any of the aforementioned publications.