

Individual Registration & Release Form

Troy, IL

The Light - Kids Conference, March 29, 2008

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Grade:

1	2	3	4	5
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Telephone: _____ Male Female Student Sponsor

Emergency phone number: _____ Relation: _____

Everyone attending must complete this registration and release form in order to attend The Light Kids Conference!

Release of liability

I indemnify, defend and hold harmless HARVEST MINISTRY TEAMS, the HOSTING CHURCH & CORE TEAM from all claims made and liabilities assessed against them as a result of the registrant's activities. Further, in case of emergency, I understand that every effort will be made to contact parents or guardians. However, if parents or guardians cannot be reached, or if I the signed registrant am 18 years of age or older, I hereby give the HOST CHURCH & CORE TEAM permission to act on my behalf in seeking medical treatment. In the event that such treatment is deemed necessary or advisable for the registrant's health, safety and welfare. I give permission to those administering medical treatment to do so, using the measures deemed necessary. I release the HOST CHURCH & CORE TEAM and MEDICAL PROVIDERS from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from the registrant's activities. I further allow my physical representation to be photographed during the event.

I am a parent _____ Guardian _____ Registrant over 18 years of age _____

Signed: _____

Printed name: _____

Health insurance company: _____

Policy number: _____

Primary care physician/hospital: _____

Describe any prescriptions or medical conditions: _____

Food Allergies: _____

Extremely Important!!!!

This portion of the registration form must be completed by parent or guardian to finish the registration process.

As a registered participant, my child, agrees to abide by all guidelines and rules as set forth by THE LIGHT KIDS CONFERENCE and HOST CHURCH & CORE TEAM for their protection and overall safety of the event. Failure to do so may result in disciplinary action and/or being sent home. They will participate in all event activities as health or other factors allow and present them self in an appropriate (dress, actions & attitude) manner. I further agree to allow my child's physical representation to be used in pictures or video for purposes of promotion, etc.

Signature of Parent or Guardian: _____ Date: _____

Early registration rate is \$19 per student (postmarked by March 17) and the regular rate is \$25. Additional Siblings are \$10 and sponsors are \$15 (this rate stays the same).

MAKE CHECKS PAYABLE TO: HARVEST (407 Edwardsville Road / Troy, IL 62294 / www.kidsconference.org)