

S.H.I.N.E. 4 HIM 2010/2011

Registration Form

www.shine4him.com

Last Name: _____ Father: _____ Mother: _____

Child: _____ Age: _____ Grade: _____ M / F Birth date: _____

Child: _____ Age: _____ Grade: _____ M / F Birth date: _____

Child: _____ Age: _____ Grade: _____ M / F Birth date: _____

Child: _____ Age: _____ Grade: _____ M / F Birth date: _____

Child: _____ Age: _____ Grade: _____ M / F Birth date: _____

Child: _____ Age: _____ Grade: _____ M / F Birth date: _____

Child: _____ Age: _____ Grade: _____ M / F Birth date: _____

Child: _____ Age: _____ Grade: _____ M / F Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Other Daytime Phone #: _____

Email Address: _____

Emergency Contact: (other than parent or guardian)

Name: _____

Phone #: _____ Cell Phone #: _____

Address: _____

Medical Insurance Co: _____ Policy #: _____

Address: _____ Phone #: _____

Home Church: _____ City: _____

To Whom It May Concern:

- The undersigned hereby gives permission for the person(s) above to attend and participate in the S.H.I.N.E. 4 HIM HOMESCHOOL COOPERATIVE, at EVERGREEN CHURCH in Springfield, MO. and representatives for the purpose of authorizing and consenting to medical and/or hospital treatment for the person(s) listed above. This representation is for any illness or injury that may occur in the care and custody of the coordinators while I am not immediately available to give consent.
- I realize this group activity is well planned and all precautions are taken to prevent any accidents. However, I will not hold the S.H.I.N.E. 4 HIMHOMESCHOOL COOPERATIVE or EVERGREEN CHURCH of Springfield, MO, responsible for any accident, personal injury, or lost of property.
- I have read the above and agree to all terms and statements listed.

Sign (parent/guardian)

Date

Classes I am interested in teaching:

Class: _____ Ages appropriate for: _____

Class: _____ Ages appropriate for: _____

Class: _____ Ages appropriate for: _____