

**Wednesday Night Program - Guest Registration**

08/2011

***Guests are always welcome at all Wednesday Night programs!***

*For every guest, Knox requests a completed Guest Registration Form and the \$7.00 guest fee.*

***Guest Registration must be completed by a Guest's Parent/Guardian.***

Date Attending: \_\_\_\_\_ Child is guest of: \_\_\_\_\_

Guest's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Grade: \_\_\_\_\_

Guest's allergies or health concerns: ( ) none ( ) yes, please explain:

\_\_\_\_\_

Guest's Parents: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Phone Number where a parent can be reached during evening of visit: \_\_\_\_\_

Guest's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the undersigned parent/guardian of \_\_\_\_\_, give my permission for him/her to participate in the Wednesday night programs of Knox Presbyterian Church, 1105 Catalpa Lane, Naperville, IL 60540 for the 2010/2011. I also give my permission for my child to receive any emergency medical treatment that is deemed necessary if I and/or the designated person to contact in case of emergency, cannot be contacted through normal efforts with the information on the front of this registration.

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

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company & Policy Number: \_\_\_\_\_

By submitting this guest registration, you give permission for Knox to use your image or your child's image in its internal and external publications and on its website. There is no expiration on this release.