

The Rock's Stepping Stones Registration Form 2011-2012

Child's name _____ Birth Date _____

Age _____ School Grade _____

Parent/Guardian Names _____

Street Address _____

City _____ E-Mail _____

Home Phone _____

Alternate Phone _____

Emergency Contact and Phone _____

Known food allergies or other medical concerns _____

Do you have a church home? Yes No If yes, name _____

Is your child baptized? Yes No

Siblings who are also attending _____

In case of emergency, I give my permission for any necessary medical treatment to be given to my child. I will not hold The Rock or any leader/staff persons responsible for any injury that may occur.

Signature _____ Date _____

I hereby give my permission for photos/video to be taken of my child during Stepping Stones to be used in or on the following: local newspapers, church brochures, promotional materials, The Rock's website, The Rock worship services. It is understood that names of individual children may be present in various published items. (Please circle) Yes No

Signature _____ Date _____
