

**NORTH CITY PRESBYTERIAN CHURCH SEEKER CLUBS
REGISTRATION FORM**

Child's Last Name	First Name	Parents/Guardian Name		
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Address	City	Zip Code	Email	
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Home Phone	Father's Cell #	Mother's Cell #		
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Grade Level	Age	Birth Date	New or Club returnee	What Church Do You Attend?

MEDICAL AUTHORIZATION AND RELEASE FROM LIABILITY:

I _____ (name of parent/guardian) give my permission for _____ (child's name) to participate in Seeker Clubs sponsored by NORTH CITY PRESBYTERIAN CHURCH on _____. Should emergency medical or dental diagnosis or treatment and hospital care be necessary and I cannot be reached, I authorize the Seeker Clubs adult staff to act on my behalf and consent to appropriate diagnosis, treatment and care pursuant to all applicable law. My medical insurance carrier is: _____, Policy# _____. My child has the following known medical conditions _____, food allergies _____ and/or reactions to the following medications _____. I hereby release NORTH CITY PRESBYTERIAN CHURCH and the Seeker Clubs Staff from any actions, claims, demands or liabilities that may arise as a result of my child's (children's) participation in the Seeker Clubs activities.

Signed: _____ **Date:** _____

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