

# Family Fun Night Registration Form

Thursday, August 25, 2022

5:30 p.m. - 8:30 p.m.

Mail form to: Marion Church of God (Seventh Day)  
7478 Stayton Road SE  
Turner, OR 97392



## CHILD INFO

Name: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Other Medical Information: \_\_\_\_\_

How did you hear about our event: \_\_\_\_\_

## PARENTS/ GUARDIANS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## OTHER INFORMATION

Be sure that the person listed in this section will be available during the time period that we have your child.

Emergency Contact: \_\_\_\_\_  
Other than Parent/Guardian

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## PERMISSION/ RELEASE

As the parent/guardian of \_\_\_\_\_, I grant my permission for him/her to participate fully in Family Fun Night on Thursday, August 25, 2022. In my absence, I give my permission to Marion Church leaders to take my son/daughter to a doctor and/or medical facility for emergency treatment including anesthesia, surgery, or other medical treatment. I also assume responsibility for all medical bills. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adults in whose care the minor has been entrusted while attending and participating in Family Fun Night. Transportation would only be necessary in case of injury.

I assume all risk of personal injury, sickness, damage, and expense resulting from my child's participation in the Family Fun Night event and do hereby release all claims and agree to hold harmless Marion Church of God (Seventh Day) and Marion church leaders from any and all liability, claims, and demands for personal injury, sickness, death and/or property damage and expense that may be incurred by my child as he/she travels and participates in all aspects of Family Fun Night.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, call: (503) 769-6636

