

**Royal Mission
Kids Encounter
July 30th-31st**

REGISTRATION

Child's Name _____

Child's Age _____

Child's Grade
(just completed) _____
K-5th grade

Child's shirt size. _____

Parent's Name _____

Address _____

Phone Number _____

Food Allergies _____

Medications _____

Please list any persons that are allowed to pick up your child from the event.

PARENT INFO

- Please drop off your student between 6:00pm and 6:30pm on Friday, July 30th and be prepared to pick up your student on Saturday, July 31st at 1:00pm
- We will providing dinner Friday night, dessert and snacks, breakfast and lunch on Saturday. Please to not allow your student to bring additional snacks to avoid conflict with other students who may want theirs.
- We will have security on the grounds overnight. Adults will be present during the entire event.
- **Important Phone Numbers:**
 - Pastor Jo: 720-435-8348
 - Pastor Lanette: 734-556-6304

WHAT TO BRING

- Please have all necessary bedding for your child. (This includes, but is not limited to Pillow, blankets, air mattress, sleeping bag, or whatever your child's sleeping preferences are)
- Toiletries (toothbrush, toothpaste, soap and towel if they wish to shower (not required), brush, any other personal hygiene needs)
- Clothes to play water sports in and extra dry clothes for afterwards
- Towel

VALLEY VIEW HOLD HARMLESS AGREEMENT

I, _____, as the parent or guardian for
(Parent's Name)

_____, a minor child who is in my care and
(Child's Name)

custody, do hereby grant my permission for my child to attend a Kids Encounter, July 30th-31st at Valley View Church of God 4390 S Lowell Blvd, Sheridan Colordao. I fully understand the nature of the activities associated with the

event. I understand that my child will be under adult supervision at all

times but, notwithstanding any level or degree of supervision, that accidents may occur which may

result in physical injury or harm to my child. It is with the full understanding of the risks associated

with these types of activities that I grant permission for my child to participate in the kids encounter, its staff, directors, employees, agents and/or

representatives from any claim for any injury or damage which may result from my child's

attendance and participation in the program conducted on church property. Permission is granted

for my child to participate and I understand that by signing this form I am voluntarily and knowingly

accepting responsibility for my child's participation in the activity or program to be conducted at

Valley View Church of God. I also grant permission for pictures and images of my child to be taken

while participating in activities and used for church promotional purposes.

Dated this _____ day of _____, 20 _____.

Parent's Signature: _____