

**Please Circle One:**  
lil' KidQuest (June)  
KidQuest (August)

# KidQuest Registration Card

Top and bottom must be filled out completely to attend.

Name: \_\_\_\_\_ Grade entering \_\_\_\_\_ Age \_\_\_\_\_ Birthdate / /  
(If applies)

Complete Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex (circle) M F Any Food Allergies? \_\_\_\_\_ Medical Information? \_\_\_\_\_

Regularly attend church? (Circle) Y N Where? \_\_\_\_\_ T-Shirt Size? (circle) YXS YS YM YL  
S M L XL

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Lives with? (circle) Mom Dad Both  
(First & Last) (First & Last)

Who may pick up your child? List all possibilities. No child will be released except to an adult whose name is listed below. Please also include phone number for each adult.

\_\_\_\_\_  
\_\_\_\_\_

Mail this form and your \$40 check (\$30 for lil' KidQuest) to: Discovery Christian Church • P.O. Box 1964  
Cranberry Twp. • 16066 or register on line at [www.kidquest11.com](http://www.kidquest11.com) today!

## Medical and Liability Release

I, the parent or legal guardian of the youth listed on this form, certify that he/she has my full approval to participate in the Discovery Christian Church event. The young person identified on this form understands that all youth are expected to abide by the event rules and be directly responsible to the event sponsors. I agree that my registration for this event allows my child to be photographed and the pictures to be used in any publicity for this event.

Further, I do release and hereby agree to hold blameless Discovery Christian Church and its ministers, leaders, and sponsors from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the Discovery Christian Church event. (All volunteers have been screened and have given permission for proper background checks.)

Further, I do authorize the registered nurse for this activity or any Discovery Christian Church staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while participating in this event. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said youth is covered by adequate medical insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

\_\_\_\_\_  
**Insurance Information**

\_\_\_\_\_  
**Policy Number**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**