

# UBS Registration Form

Shiloh Community Church



## June 9-13, 2008

4 YEAR OLDS  
THRU  
ENTERING 2ND  
GRADE

9-11:30 A.M.

Child's Name \_\_\_\_\_

Female \_\_\_\_ Male \_\_\_\_ Grade (going into) \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell/Pager # \_\_\_\_\_ E-mail \_\_\_\_\_

Person(s) other than parents bringing/picking up child \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**In An Emergency Notify:** \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

### Health History

Allergies (food, insect bites/bee stings, medications, etc.) \_\_\_\_\_

Other conditions (epilepsy, diabetes, chronic asthma, heart condition, hay fever, physical handicap, etc.) \_\_\_\_\_

If your child has any of the above conditions, please give details (include normal treatment & special instructions.) \_\_\_\_\_

Year of last Tetanus Shot: \_\_\_\_\_ Any Athletic Restrictions? Yes  No

If yes, what? \_\_\_\_\_

### Insurance

**If you have medical insurance, your carrier will be billed for all medical charges in the case of illness or injury.**

Do you have Health Insurance? Yes  No  Place of Employment \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Liability & Photo Release

"If I cannot be reached in an emergency, I hereby give permission to the physician, or dentist selected by the SCC leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary." I also give SCC their assigns, licensees, and legal representatives, the irrevocable right to use the name (or any fictional name), portrait, picture, or photographs of whom I am a legal parent/guardian. I approve this usage in all forms and media, and in all manners, including composite or distorted representations, for advertising, trade or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith. I verify that I have read this release and am fully familiar with its contents.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_