

REGISTRATION FORM

Madison Day KIDS is for children ages 4-11. One child per form please.

Child's Name					
Parent/Family/Guardian	Name				
Address					
E-mail Address					
Phone Numbers: Home		Cell		Work	
Age Information:	Date of birth		Age		
Food Allergies					
	ow about your child to m				
Emergency Contacts					
Name			Phone		
Name			Phone		
Dismissal Information/N	Name(s) of person(s) who	may pick up this	child from this eve	nt.	

In order for child/children to register for Madison Day KIDS a parent/legal guardian must be volunteering for Madison Day.

Release of Claims and Liability: I, the undersigned, on behalf of my child under 18 years of age, do hereby release from all claims and forever hold harmless Madison Day, Beth Car Baptist Church and any other associated individuals and groups from any claims and demands for personal injury, sickness, and death, as well as property damage and expenses of any nature incurred by myself or my child.

Release of Likeness: I, the undersigned, on behalf of my child under 18 years of age, give permission for pictures and videos to be taken and used for promotion of the Madison Day project.

Parent or legal guardian signature____

Date:____

Forms are not valid without proper signatures.

Please return signed forms to madisondayinfo@gmail.com or 411 Mud Road, Madison VA 22727 by March 31st. Contact 301-448-9437 with any questions.