



Friday Nightz Rock! Registration Form 2017-2018

Child's Name : _____

Date of Birth: _____ Male: _____ Female: _____ Grade: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Custodial Parent(s)/ Guardian(s): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact Relationship: _____

Those authorized to pick up my child:

Please list Any Food Allergies or Medical Concerns:



Friday Nightz Rock! Permission Form

In exchange for participation in the “Friday Nightz Rock!” organized by McKnight United Methodist Church (McKnight UMC), 600 Fox Drive, Pittsburgh, PA 15237, I agree for my child to the following:

1. I agree to obey all posted and oral rules and directions given by McKnight UMC employees and representatives of McKnight UMC.
2. I recognize there are certain inherent risks associated with this activity and I will assume full responsibility of personal injury upon my child and further release McKnight UMC for injury, loss or damage arising out of my child’s use of facilities of McKnight UMC whether caused by the fault of my child, McKnight UMC or other third parties.
3. I agree to indemnify and defend McKnight UMC against all claims, causes of action, damages, judgments, costs or expenses which may arise from my child’s use of facilities of McKnight UMC.
4. In event of an injury to the stated minor during the Friday Nightz Rock! Program, I give my permission to McKnight UMC employees or representatives of McKnight UMC to arrange all necessary medical treatment. This temporary authority will begin on September 8, 2017 and end on May 30, 2018. McKnight UMC shall have the following powers: A.) The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without hesitation, that of a licensed medical physician and/or hospital; and B.) The power to authorize medical treatment or medical procedures in an emergency situation.
5. I agree to allow both employees and representatives of McKnight UMC to transport my child(ren) from my current neighborhood to the facilities at McKnight UMC in order to participate in the above event.
6. I authorize McKnight UMC to release pictures, photographs, slides or movies taken of my child while at the McKnight UMC Friday Nightz Rock! Program for publicity. I understand pictures selected will be those that reflect good moral character. This authority and permission also includes any re-publication or printed material in which the like may appear whatsoever and by whosoever published, circulated or distributed.

(OVER)

I agree and acknowledge that I am under no pressure to sign this document and that I have been given a reasonable opportunity to review it before signing it.

Please sign below with full knowledge of what you just read.

I hereby give permission for my child: _____

PARENT/GUARDIAN SIGNATURE

DATE