



# REGISTRATION FORM

Please complete one form per child  
3 year old-5<sup>th</sup> grade.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Important Medical Information (asthma, food allergies, diabetes, etc.)

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Image Release Consent: As part of our ministry, we take photographs and videos of people in action as they participate in Mount Olive Events for 2017-2018. We reserve the right to use these images for non-profit purposes. By checking the box and signing below, you authorize the use of any images of yourself and/or your children.

Yes, I give my permission.

**Emergency Release Information: If I cannot be reached, I authorize Mount Olive staff to drive to the physician, dentist, or hospital. Ambulance may be called if necessary.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_