



SuperKids® Registration Form
Whitinsville, June 25-29, 2017 6:30 - 8:30 P.M.

Child's Name: _____ Age: _____
Grade **completed:** _____

Child's Name: _____ Age: _____
Grade **completed:** _____

Child's Name: _____ Age: _____
Grade **completed:** _____

Child's Name: _____ Age: _____
Grade **completed:** _____

Parent/Guardian's Name: _____

Address: _____

E-mail: _____

Phone number(s): _____

In case of emergency, contact:

Name: _____ Relationship: _____

Phone: _____

Does this child have any medical or educational needs we should be aware of?

Does this child have any food allergies we should be aware of?

Do you have a church affiliation? _____ If yes, could you please give us the name of your church?

Parent/Guardian Consent Form

Please list all children that are covered on this form or say "All the children listed above."

has/have my permission to participate in the SuperKids® Mission being held at 6:30 to 8:30 p.m. on June 25-29, 2017 at Fairlawn Christian Reformed Church, 305 Goldthwaite Road, Whitinsville, MA.

I freely grant Scripture Union permission to use any pictures or video material that is taken at this program in which my child, or the child I am responsible for, may appear. I understand that such pictures or video will be used exclusively by Scripture Union for training, publicity and promotional purposes for future SuperKids programs.

(Parent/Guardian Signature)

(Date)