

# 2024-2025 Kids Alive Registration/Release

Child's Name: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_ Age: \_\_\_\_\_  
Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ School Name or Homeschooled: \_\_\_\_\_  
Allergies/Medical/Social Concerns: \_\_\_\_\_

---

<b>Mother/Female Guardian:</b>	<b>Father/Male Guardian:</b>
Full Name: _____	Full Name: _____
Cell #: _____	Cell #: _____
Email: _____	Email: _____
Address: _____	Address: _____

\*All children must be signed out at the end of the night (8pm). Besides the parent/guardian listed, is there anyone else authorized to sign out/pick up your child? If yes, please list their full name, relationship to child and cell #:

---

**General Release Authorization:** I give permission for my son/daughter to attend and participate in the Kids Alive youth program at Valley Brook Community Church during the 2024/2025 school year. I understand that this participation will involve individual and group activities, and there is a possible risk of injury or illness. I wholly release Valley Brook Community Church from any responsibility or liability and waive any claims or causes of action against Valley Brook Community Church or its agents/volunteers, except in a situation of gross negligence on the part of Valley Brook Community Church or its agents/volunteers. I understand that my child may appear in anonymous photos used in promotional marketing for the Kids Alive youth program.

**Printed Name:** \_\_\_\_\_ **Signed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please contact us at [children@valleybrook.cc](mailto:children@valleybrook.cc) with any information that can help us serve your family better.