

STAR QUEST REGISTRATION FORM

**Rehearsal starts Wednesday, August 16th : 6:00pm-7:30pm
Open to kids entering Kindergarten and up**

Name_____Girl/Boy?_____

Grade entering_____ Date of Birth_____ Home Phone_____

Alt. Phone_____ Parents Name_____

Address_____

Zip code_____

E-Mail address_____

Emergency Contact Person name _____

Phone number_____

Medical Information:

Family Doctor _____ Phone_____

Allergies/Conditions/Medication_____ (any food allergies?)

Ins Company & Medical Number_____

In the event of sickness or some medical emergency, I request the my child receive any medical attention or treatment deemed necessary, therefore I give permission to any hospital, doctor, and/or health care provider to transport, treat and/or admit for care my child.

I understand that I am responsible for all expenses and charges for the treatment and care of my child. In the event that I am not present at the time of the emergency or cannot be contacted, my care has been entrusted to the staff and designated ministry leadership of Love of Christ Lutheran Church.

Signature

Parent/Guardian_____ Date_____