



**Clifton Park Center Baptist Church**  
 713 Clifton Park Center Road  
**Children's Good Friday Program**  
**REGISTRATION & MEDICAL RELEASE**

Parent(s) Name (s) \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

**CHILDREN:**

1. Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Allergies/Conditions which may affect participation:

\_\_\_\_\_

2. Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Allergies/Conditions which may affect participation:

\_\_\_\_\_

**Persons To Contact in the event of an emergency:**

1. NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

**CONTINUE ON THE BACK FOR MEDICAL RELEASE**



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**CONTINUE ON THE BACK FOR MEDICAL RELEASE**

**MEDICAL RELEASE:**

In the unlikely event of a medical emergency where I cannot be reached, I authorize Clifton Park Center Baptist Church to secure medical care for my child.

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Print Name Relationship to child

**DROP-OFF & PICK-UP INFORMATION:**

The program will run from 10:00am – 12:00pm on Friday, April 19<sup>th</sup>. The children may be dropped off between 9:45am – 10:00am in the foyer, in the main entrance of the church. There will be a table to sign the children in and drop off the Registration/Medical Release form if you have not already done so. Pick-up time will be 12:00pm.

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Photo's of the activities during the program may be taken and posted on the church web site, Facebook page or in monthly church newsletter. No names will be used, and no photo's of an individual child will be used, only group photo's during activities. If you have any questions or concerns, contact the church office at (518)371-6023.

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