

# REGISTRATION FORM

**2018**

Please complete this form and send it with your child to a Children's Activity held at Meadville Mennonite Church on Meadville Road, Gap, PA 17527

Child's Name \_\_\_\_\_ Current school grade \_\_\_\_\_

Address \_\_\_\_\_ Birthday \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Concerns/Allergies \_\_\_\_\_

## WAIVER OF RESPONSIBILITY:

I give \_\_\_\_\_ permission to participate in children's programs at Meadville Mennonite Church during the calendar year 2018. The Leaders and Meadville Mennonite will not be held liable for injury, etc.

\_\_\_\_ Check if child's photo may be used on [www.meadvillechurch.com](http://www.meadvillechurch.com) website for future Activity promotions.

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

**If you have questions please contact:** Charlene Ranck (717) 201-0238