

# CHILDREN'S ACTIVITY REGISTRATION FORM

2019

Meadville Mennonite Church, 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 2019. The Leaders and Meadville Mennonite will not be held liable for injury, etc.

\_\_\_\_ Check if prefer child's photo **NOT be used** on [www.meadvillechurch.com](http://www.meadvillechurch.com) website for future Activity promotions.

Parent/ Guardian's printed name: \_\_\_\_\_

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

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