

**TREE CLIMBERS FATHERS & SONS CLUB**  
For boys in Grades 1-2 and their Dad's (or grown up male friend)  
Registration Form 2017-2018

Boy's Name: \_\_\_\_\_ Grade : \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Which school does your child attend? \_\_\_\_\_

Which church, if any, do you attend? \_\_\_\_\_

Boy lives with:     Both Parents     Mom Only     Dad Only     Other

Boy's Birthday: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street

City

Zip

Special Needs: \_\_\_\_\_

Is there anything we should know about your son that would help us minister to him more effectively? \_\_\_\_\_

\_\_\_\_\_

Important Information or Instructions: \_\_\_\_\_

**Fees:** Registration \$20.00

\_\_\_\_\_

DATE OF LAST TETANUS SHOT \_\_\_\_\_ ALLERGIES \_\_\_\_\_

MEDICATION \_\_\_\_\_

PARENT'S HEALTH INSURANCE CARRIER \_\_\_\_\_

INSURANCE # \_\_\_\_\_

DOCTOR \_\_\_\_\_

Name

City

Phone

IMPORTANT INFORMATION OR INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_

***Please read & sign the back***

# PARENT PERMISSION-RELEASE FORM

## Authorization to consent to treatment of minor:

I, the undersigned parent of \_\_\_\_\_, a minor, do hereby grant permission for my child to participate in the activities of BRCC Boys Clubs. In case of emergency, I also authorize leaders of these programs appointed by Black Rock Congregational Church of Fairfield, CT as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of a licensed physician or surgeon whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Authorization for program involvement: I authorize my child to participate fully in program activities, both on and off church grounds.

You have my permission to use my child's picture in promotional materials including fliers and web page, etc.

"In consideration of my child's participation in the activities of BRCC Boys Clubs, I hereby release and forever discharge BRCC Boys Clubs, its leaders, Black Rock Congregational Church, its leaders, employees and officers, jointly and severally from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which may hereafter be sustained by my child."

This authorization shall remain effective through September 1, 2018, unless sooner revoked in writing delivered to said agent(s).

DATE \_\_\_\_\_ PARENT or LEGAL GUARDIAN \_\_\_\_\_  
Signature

**OVER PLEASE**