



RC3 Member Event for ages 2-12

Price: \$15 a child
Late Price: \$20 a child

Time frame: 4:30 pm to 9:00 pm

Registration: April, 2024 through May 3, 2024

CHILD INFORMATION

For Office Use Only
 Date: _____
 Amount Paid: _____
 Staff Initials: _____

DATE OF REGISTRATION

□□ / □□ / □□

Child Name:

Nickname:

City/State:

Date of Birth : / /

Zipcode:

Age:

Emergency Contact:

Gender : Male Female

Phone #:

Email:

Alternative Pick-Up

Cell Phone:

Phone #:

Work Phone:

Allergies:

Present Address :

Will Your Child Be Eating Pizza? Circle One Please: YES or NO

Permission Request

Guardian Name:

Date: / /

I hereby release the Rhea Community Center from all liability of any kind of personal injury or property damage due to participation in this program. I certify that my child is in good health and can participate in all activities. If any attention is required for illness or injury, I give permission to a staff member for such care. I hereby grant Rc3 the unrestricted right to use and publish photographic images of my child, or in which he/she may be included, for marketing materials, Rc3 websites or Rc3 social networks, editorial trade advertising, and any other lawful purpose related to the Rc3.

Signature of Guardian: _____

Please Complete the Following:

1. I/ we will be responsible for payment of medical expenses.
2. Medical treatment cost are covered by:

Insurance Co.

Child's Physician/Clinic:

Signature of Guardian: _____