



Word of Life CHAMPS REGISTRATION

Student Name _____ Grade _____ AGE _____ Birth Date _____
 Allergies: _____ Is there anything you would like us to know about your child? ->

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Street/Mailing Address _____

City _____ Zip _____

Parent/Guardian Name _____ Date _____

Text/Phone # _____ Email _____

Parent/Guardian/Emergency Contact: _____

Text/Phone # _____ Email _____

Names of persons authorized to pick up your child/children: _____

I choose: _____ In-person _____ Remote

_____ In the event of any emergency where a parent cannot be reasonably reached to give consent for medical care, I give Word of Life permission to authorize Emergency Medical care for my child/children.

_____ I give Word of Life permission to take and publish pictures of my child/children.

_____ I understand that Word of Life is putting measures in place to inhibit the spread of Covid and its variants. I will not hold Word of Life responsible should my child or family member contract any illness.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Return to: WORD OF LIFE CHURCH 9028 51st Ave NE Marysville, WA 98270

Office 360 659-6716 landline Email: wordoflife65@hotmail.com

www.wordoflifelb.org