



VISITOR

INFORMATION

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Please complete a separate form for EACH child attending.

Date ____ / ____ / ____

Friend who brought me: _____ Club we are in: _____

Child's Name _____ Gender: Male or Female

Birth date: ____ / ____ / ____ Age: ____ Grade / fall of 2011: ____

Parents / Guardian _____

Address: _____

City: _____ Zip: _____ Home phone: _____

Cell Phones: MOM'S _____ DAD'S _____

E-mail Address (please print clearly): _____

Church you attend: _____

Child's full name: _____

Allergies or other medical conditions: _____

To Whom It May Concern:

I, _____, the parent or legal guardian of, _____, do herewith authorize treatment under the direction of any licensed physician of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the numbers listed on the other side of this form. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Heritage Evangelical Free Church from any liability therefore.

This release is effective from August 17, 2011 - June 30, 2012.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances as described above in my absence.

Signed: _____ Date: _____

Relationship to child (circle one): Father Mother Legal Guardian