

BASE KIDS INDEMNITY FORM

Child's name: First:	Last: Age:Grade:	
Child's Birthday:	Age:	Grade:
Parent/Guardian:		
Address:		
Email Address		<u></u>
Home Telephone:		
Cell 1:		
Cell 2:		
EMERGENCY INFORMATION in case p Name: Telephone:		
Cell 1:		
OCII 2		
Relationship to child:		
SPECIAL MEDICAL OR ALLERGY INF	ORMATION th	at the church should know about:
AGREEMENT AND RELEASE OF LIAE	BILITY:	
purposes and publicity. As legal guardiar accept unto myself all responsibility and	n of the minor vall liability for a minor's partici I claims, judgm	any injury or loss or damage that occurs to pation. I will indemnify and hold harmless ents, and costs incurred with any action
I understand and agree to these terms	s:	
Parent/Guardian:		
Date:		

