



**Real Life Community Church**  
**Registration Information/Permission Slip**  
**September 2018 - June 2019**



**Participant  
Name**

Name	Age	Birthday	Grade
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**Address**

Street	City	State/Zip Code
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**Parent/Guardian  
Information**

Name	Email	Phone
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**Parent/Guardian  
Information**

Name	Email	Phone
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**Emergency  
Contact (1)**

Name	Relationship	Phone
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**Emergency  
Contact (2)**

Name	Relationship	Phone
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**Medical Information**

List all Medical information (including allergies, medical conditions, etc.) that our staff should know:


**Permission**

As the parent/guardian of the participant listed above I am aware and give permission for the subject of this release to be involved in the overall activities of Real Life Community Church (RLCC). I understand reasonable safety precautions will be taken by RLCC, and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold RLCC, its leaders or volunteer staff liable for damages, losses, diseases or injuries incurred by the subject of this form.

I hereby grant Real Life Community Church the right to use and reproduce any and all photographs and video clips taken of my child in conjunction with their involvement at RLCC - in brochures, websites, flyers or other promotional material associated with RLCC.

**Parent/Guardian**

Name (Printed)	Name (signed)	Date
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**Participant**

Name (Printed)	Name (signed)	Date
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