

GLOW PARTY

REGISTRATION

FEBRUARY 8TH 5:00-8:00

ELEMENTARY-AGE GLOW PARTY AT SPLC

PLEASE RETURN TO ST. PHILIP'S LUTHERAN CHURCH BY FEBRUARY 1ST.

Student(s) name(s): _____ Age(s): _____ Allergies/Special Needs (use the back as needed): _____

Parent/Contact Person Information

Name	Phone Number	Email	Is this person handling pick up/drop off?
_____	_____	_____	Y/N
_____	_____	_____	Y/N

If parent/contact is not picking up, please name the pickup person with phone number

Name: _____ Number: _____ Relation to child: _____

Emergency Contact (if Parent/Contact person is not available, who do we call next?)

Name	Phone Number	Email
_____	_____	_____

Releases—please circle yes or no and sign—If any of these are 'no' staff will call to arrange protocol:

1—I give permission for my child to participate in the Glow Party activities. My child is in good health and able to participate without modifications (unless discussed with SPLC). Yes No

2—I give my permission for my child's picture to be taken and used in SPLC promotional materials (including but not limited to social media, newsletter). Yes No

3—In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I understand that SPLC staff will contact me as soon as possible and all further medical decisions will be made by me. Yes No

Signature _____ Date _____