

# Fly Nazarene BACK 2 SCHOOL BASH - August 7, 2021 - 2:30-6:00 PM

- ♦ Event open to preschool through 12<sup>th</sup> grade. **Pre-K and K children must have a parent/guardian present during the event.**
- ♦ Registration and check-in 2:30-3:00.
- ♦ Supper (pizza, chips, drink, dessert) served at 5:40 and will be eaten outside.
- ♦ Pick up 6:00-6:15.
- ♦ Additional activities for youth group 6:30-8:00.
- ♦ There will be water activities. Participants should arrive dressed to get wet and bring a towel.
- ♦ Giving opportunity: bring any basic school supplies and we'll donate them to Santa Fe School

## REGISTRATION (please print)

Parent/Guardian First & Last name: \_\_\_\_\_

Address: \_\_\_\_\_  
street city, state, zip

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
home cell

**Complete for all children you have participating. Additional child info blanks on the back.**

(1) Child First & Last (if different from parent last name): \_\_\_\_\_

Gender: ☐ male ☐ female Grade this school term: \_\_\_\_\_

Allergies, special needs, or other information we should know? \_\_\_\_\_

(2) Child First & Last: \_\_\_\_\_

Gender: ☐ male ☐ female Grade this school term: \_\_\_\_\_

Allergies, special needs, or other information we should know? \_\_\_\_\_

(3) Child First & Last: \_\_\_\_\_

Gender: ☐ male ☐ female Grade this school term: \_\_\_\_\_

Allergies, special needs, or other information we should know? \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
name phone

Other person(s) authorized to pick up the child: \_\_\_\_\_

***Your signature grants permission for child's participation and releases sponsors from any liability.***

**Consent for First Aid:** By signing this form, you grant permission for volunteers to administer basic first aid treatment in case of accident, injury, or illness. This allows for the administration of Tylenol, Advil, Pepto Bismol, hydrocortisone cream, antibiotic ointment, or comparable over the counter remedies, and consent for the application of sunscreen and/or bug spray if needed. *If there are exceptions to this consent, list below:*

Parent/Guardian signature: \_\_\_\_\_ date: \_\_\_\_\_

**Additional children information:**

**(4) Child First & Last:** \_\_\_\_\_

Gender: ☐ male    ☐ female                      Grade this school term: \_\_\_\_\_

Allergies, special needs, or other information we should know? \_\_\_\_\_

**(5) Child First & Last:** \_\_\_\_\_

Gender: ☐ male    ☐ female                      Grade this school term: \_\_\_\_\_

Allergies, special needs, or other information we should know? \_\_\_\_\_

**(6) Child First & Last:** \_\_\_\_\_

Gender: ☐ male    ☐ female                      Grade this school term: \_\_\_\_\_

Allergies, special needs, or other information we should know? \_\_\_\_\_