

# Registration Form

# KidsFest

June 22nd-24th

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Student Cell Phone (optional): \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Parent/Legal Guardian Full Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent Home/Work Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Emergency Contacts: 1. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

For Office Use Only:

AMT:	ME:	ID:
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List any medical conditions or allergies (Please put n/a if this does not apply):  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my permission for my child \_\_\_\_\_ to participate in KidsFest activities. Further, I understand and agree that while my child is participating in these activities, I and my child assume the risk inherent in these activities, and Crimson Way Church and Crimson Charities, Inc. and their vendors, contractors, employees, officers, directors, agents, and any owners of the visited site shall not be held responsible for, and hereby disclaim any liability or damages for any accidents or injuries which may occur to my child during any activity sponsored by Crimson Way Church or Crimson Charities to the extent such liability is waivable under applicable law. Further, I represent that my child is in good physical condition appropriate for the activities. If my child requires medical care in case of emergency, I agree that Crimson Way Church and/or Crimson Way Charities may seek medical care for my child. I acknowledge that no accident insurance is provided by Crimson Way Church or Crimson Charities. I also agree that photos may be taken of my child as part of their registered activity and that they be used by Crimson Way Church and/or Crimson Charities in any media.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
RELATIONSHIP TO CHILD

\_\_\_\_\_  
DATE

**Register Online or Mail to:**  
Crimson Charities  
6125 W National Avenue  
West Allis WI 53214

presented by  
**CRIMSON**  
- CHARITIES -  
www.crimsoncharities.org - jgonzalez@crimsoncharities.org - 262-289-1828

**Scholarships Available!**