

I want to be a part of **the EXCHANGE!**

EZEKIEL 36:26

Child/Children's Full Name(s):	Grade	Birthdate	Shirt Size Youth XS-XL
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Parent/Guardian Full Name(s):

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Mailing Address:

City/State/Zip:

Phone Number:

E-mail Address:

Emergency Contact and Phone Number:

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Parent (s), Guardian(s), Friend(s) that can pick my child(ren) up:

Anyone not on this list will need written permission from the parent/guardian, accompanied by a phone call to Shannon Malmkar (308-352-8244) to pick up chi

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Allergies or special needs:

Curriculum costs for The Exchange are \$22.25 but scholarships are available.

Would you be interested in a scholarship? Yes, please No, thank you



Activity Agreement

In connection with my child or ward's voluntary involvement in activities with The Exchange at Grant Evangelical Free Church in Grant, Nebraska, a non-profit, 501(c)3 charitable organization, I with my signature agree, for myself, my heirs, assigns, executors, and administrators to release and discharge The Exchange at Grant Evangelical Free Church in Grant, Nebraska, its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my child or ward's person and/or property as a result of his/her involvement in such activities, whether or not resulting from negligence, and I agree to release and hold The Exchange at Grant Evangelical Free Church in Grant, Nebraska, its officers and directors, employees, agents and volunteers harmless from any cause or action, claim, or suit arising from an perceived injury. I hereby attest that my child's or ward's attendance and involvement in such activities is voluntary, that he/she is participating at his/her own risk, and that I have read the above terms and conditions of release.

I hereby give permission to my child or ward to participate in all activities in the program of The Exchange at Grant Evangelical Free Church in Grant, Nebraska, expressly and specifically acknowledging that those activities may include, but not limited to classroom work and games involving physical effort and activity. I also give The Exchange at Grant Evangelical Free Church in Grant, Nebraska, permission to seek for my child or ward medical attention in case of any emergency and to administer medication that I provide for my child. I further attest that my child or ward has no allergies or special medical needs other than those listed on the previous page.

Parent/Guardian Print Name:

Parent/Guardian Signature:

Date: