



Adventure Club MORE than a club – it's an ADVENTURE

SHILOH HILLS *fellowship*

207 E Lincoln Rd, Spokane WA 99208

509.467.9380

office@shfspokane.org

Registration Form

Today's Date: _____

*** Required Information in Orange Box**

Student's Name: _____ Male Female

Age: ____ **Grade:** ____ **Birthday:** ____ / ____ / ____

Allergies: _____

Parent / Guardian Name: _____

Additional Individuals who may pick up my child:

(Signature of Parent or Guardian Verifying Correct Information)

Home Address: _____ City: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Other Numbers: _____ Email: _____

Special Instructions or Needs: _____

Medical Release: I hereby authorize the holder on this information to obtain emergency care for the above named child, including such x-ray examinations, laboratory procedures, anesthesia, medical or surgical treatment or other hospital services ordered by the attending physician or dentist and his/her assistants or designees. I also authorize that I am responsible for charges not covered by insurance. A Copy of this authorization can be used as the original.

Insurance Company: _____ Policy #: _____

Doctor's Name: _____ Doctor's Phone #: _____

I decline to provide information for this form and will not hold Shiloh Hills Fellowship liable for difficulties with food allergies or pick-up procedures.

Signature: _____