

# Registration & Release Form

I am a parent or legal guardian of a minor participating in an activity sponsored by Pearce Memorial Church. I hereby agree to indemnify and hold harmless Pearce Memorial Church in the event of injury of my child. I understand that this means I will pay all fees, costs, and charges incurred by Pearce Memorial Church including attorney fees. I give my permission to treat my child in the event of injury. \_\_\_\_\_ (initial)

Insurance Company: \_\_\_\_\_ Card Number: \_\_\_\_\_

Dr.'s Name: \_\_\_\_\_ Dr.'s Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's Phone Number: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_