

Fall 2025

# XL-ENTeens

Date \_\_\_\_\_

## Registration Form

Please return this form to the church office. **There is a registration fee of \$35 per student.** Checks can be made out to Covenant Presbyterian Church with 'XL ENT' written on the memo line of the check.

### Family Information

Parent/Guardian Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Best way to reach me: ☐ Phone ☐ Email ☐ Text

### Emergency Contact & Pickup Information (Other than Parent)

Emergency Contact : \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Adults Authorized to pickup student(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Student Information

Name: \_\_\_\_\_ Gender: M / F Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attending: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Allergies/Special Needs/ Notes: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M / F Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attending: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Allergies/Special Needs/ Notes: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M / F Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attending: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Allergies/Special Needs/ Notes: \_\_\_\_\_

PLEASE TURNOVER AND COMPLETE BACK OF REGISTRATION FORM

**Medical Treatment Release**

In the event that medical treatment is needed for your student, every effort will be made to contact a parent. If this is not possible I give permission to the ministry staff of Covenant Presbyterian Church to secure any necessary medical treatment for my student(s)?

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical or dental services rendered to the aforementioned student pursuant to this authorization. The undersigned also hereby gives permission for my student to ride in any vehicle designated by employees/agents of Covenant Presbyterian Church while attending and participating in church sponsored events.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Absences & After School Pickup**

For the safety of your student, we need to be notified if your child is not in attendance at school on a Wednesday and will not be walking to church. Please contact the church office at 775-746-8118 before 1:00 pm so we know that we will not be waiting for your child that day. Failure to contact the church may result in your child being removed from the Kid's Club XL Program.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Photo/Video Release**

I hereby grant Covenant Presbyterian Church and its employees/agents permission to capture and publish photos and video of my student in any or all of its publications including electronic media for the promotion of Covenant Presbyterian Church programs.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Additional Information:****How did you hear about Kid's Club XL?**

☐ Church Announcement

☐ Friend or Relative

☐ Website

☐ Social Media (i.e. FaceBook)

☐ Other

\_\_\_\_\_