



A Ministry of Tryon Seventh-day Adventist Church

## Kingdom Kids Program

### REGISTRATION FORM

Child's Name:						
Child's Age:		Date of Birth:				
Parent's Name:						
Street Address:		City:		State:		Zipcode:
Phone:						
E-mail Contact:						
Allergies or Other Medical Conditions:						
Emergency Contact:						
Phone Number:		Relationship to Child:				
<p>As parent/guardian, I give permission for my child to participate in the above activity sponsored by the Mount Pisgah Academy Seventh-Day Adventist Church (MPASDA).</p> <p>I do assume all risks and hazards incidental to the conduct of supervised activities and accept the conditions stated, and I further release, absolve, indemnify and hold harmless the Carolina Conference, MPASDA from liability in case of accident or illness.</p>						
SIGNATURE:						