

CSRA SPORT-A-THON

April 20-21, 2024

Registration

(Please Print)

Youth's Name: _____ Age: _____

Address: _____

Parent/Guardian's Name: _____

Phone Number: _____

Emergency Contact: _____ Phone Number _____

List any medical conditions that we should be aware of.

Name of your Congregation _____

Acknowledgments:

- I agree to follow the guidelines, rules, and policies established for this event.
- I allow my child to be photographed or be part of a video that may be used for advertisement.
- For medical emergencies, I allow the medical team for this event to take care of my child.
- I release the Church of Christ at Grace Street from all liability from accident or injury to the child during this event.

Parent/Guardian Signature _____ Date _____