

WILDSIDE C-GROUPS :: REGISTRATION FORM

STUDENT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ - _____ Email: _____

Gender: Male Female Birthday: _____ / _____ / _____

Grade (entering in fall 2009): 7 8 School: _____

Has this student been involved in a Saddleback small group (Kid's Small Group or C-Group) before?

Yes No

Has this student accepted Jesus as their personal Savior?

Yes No

Has this student been baptized?

Yes No

Does this student regularly attend the Wildside weekend service?

Yes No

GROUP INFORMATION:

Day of the Week Preference:

Tuesday Wednesday Either

Group Preference:

- As close to home as possible
- With other students from my school
- With a specific leader

 With a specific friend

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PARENT INFORMATION:

Parent's Name: _____

Parent's Email Address: _____

I would like to receive Wildside parent updates.

Yes No

Home Number: (____) _____ - _____ Cell Number: (____) _____ - _____

I would like more information about leading a C-Group.

Yes No

I am interested in being a Host Home.

Yes, please send me more information No

PARENT PERMISSION:

I am the parent, legal guardian, or the care giver who is a relative of, and who, under Section 6550 under the California Family Code, may authorize medical and dental care for Minor to take part in and or all Wildside Small Group Events and all activities involved with each event between the dates of September 2009 and June 2010. I hereby authorize Saddleback Church, into whose care Minor had been entrusted, to consent to medical or dental treatment or care for Minor under Section 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care under the general or special supervision and upon the advice of or to be rendered by a physician or surgeon licensed under the Medical Practice Act and to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care by a dentist licensed under the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, and is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment may deem advisable. I further authorize Saddleback Church to receive physical custody of Minor under Section 1283(a) of the California Health and Safety Code upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical custody of Minor to Saddleback Church. I understand the nature to the event and do hereby release, on behalf of myself and Minor, Saddleback Church and its employees, staff, and volunteers from liability or claims arising from or related to the event.

Parent Signature: _____ Date: _____

Payment Information: Cash Credit Card Check #: _____

Credit Card #: _____ - _____ - _____ - _____ Zip: _____
(\$30 C-Group Fee)