

Wallace Presbyterian Church

LOGOS Registration Form

Registration Date: _____

General Family Information:

Last Name	
Parents/Guardians	
Street Address	
City, State, Zip	
Home Phone #	
Cell Phone #	
Work Phone #	
Email Address	
Church Affiliation	
Emergency Contact	
Emergency Contact Number	
Family Doctor	
Doctor's Number	

Parent/Guardian Authorization:

My child/children named on the back of this form, has/have my permission to attend trips and special events sponsored by the Wallace Presbyterian Church LOGOS program. In the event of illness or accident, if the parent or guardian cannot be reached, I authorize the church, or its agents, to consent to any examination, diagnosis, treatment or hospital care for my child, which is deemed advisable by, and is rendered under the supervision of a physician. I release the church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

Signature of Parent or

Guardian: _____ Date: _____

(Over)

LOGOS Registration Form

Side 2

LOGOS Registrants: (ages preschool – 12th grade)

Youth/Child's Name	
School	
Grade	
Birthday	
Health Issues	
Allergies	
Special Needs	

Youth/Child's Name	
School	
Grade	
Birthday	
Health Issues	
Allergies	
Special Needs	

Youth/Child's Name	
School	
Grade	
Birthday	
Health Issues	
Allergies	
Special Needs	

* I agree to have photos of my child taken and understand that the photos may be published on Wallace Presbyterian Church's website or other media.

I agree

Signature _____

I disagree _____ Date: _____