



Registration Form:

Thank you for registering for the third annual Northwest Children’s Rally. This rally will be held on Saturday, February 18 from 9:30AM - 2:30PM. The cost is \$15 per delegate, and \$5 per chaperone. Registration fees may be paid through your local church, who will then send group payment to GPBC. Mail this registration form to the address below, or you can email or fax this form.

Greater Portland Baptist Church
Northwest Children’s Rally
17800 SE Main St. Portland, OR 97233
503-761-1136 GPBCKidz@GreaterPortlandBaptist.org

Name: _____ Grade: _____

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

Church Name: _____

Church Pastor Name: _____

Church Address: _____

Church Phone #: _____ Email: _____

Delegate: Chaperone: Shirt Size: XXS XS S M L XL XXL

Medical Information:

By signing below, I confirm that I hereby release and agree to hold blameless Greater Portland Baptist Church and its employees and agents from any and every claim arising, or which may be asserted by me or any member of my family by reason of participating in any activities associated with this event.

In the event of a medical emergency, if I am unable to be reached by phone, I authorize GPBC church staff or adult sponsors on this activity to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this event. It is understood that I assume all financial responsibility for any expense that may be incurred for emergency treatment.

I understand that GPBC may take **individual and/or group photos that include my child**, which may be used in GPBC's publications and media.

(Parent/Guardian Signature)

(Today's Date)

In case of an emergency, I understand every effort will be made to contact the parent or guardian of the person named below. In the event the parent or guardian cannot be reached, this is my consent to the physician selected by the Children's Rally director to hospitalize and secure prompt treatment for, and order injection or anesthesia or surgery for my child as named below. I also affirm that the medical information on this form is complete and correct.

Delegates Name: _____

Allergies or Special Medical Problems: _____

Medical Insurance Name: _____

Policy Group Number: _____

Primary Physician Name: _____

Parent/Guardian Name: _____

Best Contact Numbers: _____