



REGISTER ME FOR THE GREAT JUNGLE JOURNEY!

Child's name _____

Gender: Male ___ Female ___ Birthdate ___/___/___ Grade completed _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian name(s) _____

Phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Who can pick up your child? _____

Name of home church _____

Food allergies/sensitivities: Yes ___ No ___ Describe: _____

Medical concerns: Yes ___ No ___ Describe: _____

T-shirt size: _____

PERMISSION TO USE IMAGES AND VIDEO

I hereby grant permission to CrossWay Christian Fellowship to record sounds, images, or video of my child [listed above] while attending The Great Jungle Journey. I also give permission to CrossWay Christian Fellowship at its sole discretion, to use these sounds, images, or videos in publications (including print, websites, and social media platforms) owned or managed by CrossWay Christian Fellowship in relation to The Great Jungle Journey.

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