

**FACA Extracurricular Registration Form**

**Student Info**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Extracurricular Activity \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Allergies \_\_\_\_\_

**Contact Info**

Parent Contact \_\_\_\_\_ Paid \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Full Address \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone Number \_\_\_\_\_

Full Address \_\_\_\_\_

**Please read the following carefully:**

I agree to bring my child to their activity at each meeting time. I acknowledge that it my sole responsibility to drop off/pick up my child or arrange for someone else to do so. I agree to communicate with the activity leader. I agree to pay the fees/dues necessary for my child to participate in their chosen activity. I acknowledge that I will not hold First Assembly Christian Academy liable for any injuries or illnesses that occur at or as a result of my child attending their chosen activity.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**FACA Photo Release**

Occasionally, we would like to take pictures and videos of the students participating in activities around the school. Any pictures taken may be used in advertising or promoting our school and/or our extracurricular programs. By signing below, you acknowledge that you are not opposed to pictures and videos of your child(ren) being taken and used in school or program promotions and/or advertisements.

Child(ren) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_