

2019 McCutchanville Community Easter Egg Hunt

Blue Group (Ages 0-2) _____

Pink Group (Ages 3-Pre-K) _____

Green Group (K-2nd) _____

Yellow Group (3rd-5th) _____

Child 1 Name
and Age: _____

Child 3 Name and Age:
(If applicable) _____

Child 2 Name
and Age:
(If applicable) _____

Child 4 Name and Age:
(If applicable) _____

Parent/
Guardian: _____

Email: _____

Leave an email address if you'd like to get emails about other community events we host!

How did you hear about us? _____

I understand that every effort will be made to contact me in case of emergency, and, if possible, before any medical treatments are administered. In the event of an emergency, I hereby give permission to the staff of McCutchanville Community Church to secure proper treatment for my child as named on this form. If necessary, this includes selection of physician and closest appropriate medical treatment facility who are then authorized to perform such medical treatments as deemed necessary to protect the health of my child. I hereby release McCutchanville Community Church from any responsibility other than normal supervision and care. In case of accident, I will not hold McCutchanville Community Church, it's staff members, management or officers liable for securing such treatment.

_____ I **Do Not** wish to have my child(ren) photographed during this event.

Signature of Parent/Guardian

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