



House of Prayer Pajama Rama
Registration & Consent Form
Friday, July 29 -Saturday July 30
6:00pm - 7:00am.

Pajama Rama is open to children ages 4 - 15

CHILDREN MUST BE POTTY TRAINED

**Registration form
One form per child.**

Child's information:

Name _____ Age _____ Birthdate _____

Sex: (Circle one) M F

Allergies or medical conditions: _____

Family information:

Address (with city/state/zip) _____

Email Address _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Email Address _____

Emergency Contact:

Name: _____ Phone: _____

Dismissal information

Who may pick up your child?

Name: _____ Phone: _____

Meal information:

Children will be expected to have had a light dinner before been dropped off for pajama Rama. Light meals and snacks will be served throughout the night and breakfast will be served in the morning.



THOP
THE HOUSE OF PRAYER

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**Consent form
One form per child.**

I the undersigned have legal custody of the child named above, a minor, and have given my consent for him/her to attend events and activities being organized by RCCG House of Prayer. I understand that there are inherent risks involved in any ministry event, and hereby release RCCG House of Prayer, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by RCCG House of Prayer, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by a health insurance provider. Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during Pajama Rama or for future advertisement of parish programs.

Child's Name _____

Parent/Guardian Signature _____ Date _____

All Children are expected to be in appropriate pajamas and should bring a blanket, pillow, toothbrush and toothpaste.

Return completed form to Pst (Mrs) Funmi Makinde by Sunday July 23, 2016