

**Christian Home Educators Fellowship (CHEF)  
Registration & Medical Release Form**

**Family Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone (primary):** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mothers' Name:** \_\_\_\_\_

**Work/cell #** \_\_\_\_\_

**Work/cell #** \_\_\_\_\_

**In case of emergency during classes, and neither parent can be reached, please notify:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family Physican (name & phone number):** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Please Complete Student section for all children:**

**Student Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Allergies / Medical conditions:** \_\_\_\_\_

**Date of last Tetanus shot:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Allergies / Medical conditions:** \_\_\_\_\_

**Date of last Tetanus shot:** \_\_\_\_\_

---

**Student Name:**

**Birthdate:**

---

Allergies / Medical conditions:

---

Date of last Tetanus shot:

---

**Student Name:**

**Birthdate:**

---

Allergies / Medical conditions:

---

Date of last Tetanus shot:

---

**Student Name:**

**Birthdate:**

---

Allergies / Medical conditions:

---

Date of last Tetanus shot:

---

I hereby give permission for my child/children listed above to take part in CHEF Co-op sponsored classes, gym use, and/or field trips. I also give my permission, in the event that I cannot be reached in an emergency, to the physician and/or hospital selected by a CHEF representative to hospitalize, secure proper treatment, or order injection, anesthesia, or surgery for my child as named above. I also authorize any representative of CHEF Co-op to render first aid to my child and/or to transport him/her to a medical facility and/or to call an ambulance. It is understood that all costs for transportation arrangements and costs associated with examination and treatment are to be made totally at my expense. I release Community Baptist Church, and the CHEF Co-op as a group and individually from any and all liability or injury in case of an accident as a result of involvement with CHEF Co-op classes and activities. *This release is valid and irrevocable for 13 months from the date hereof.*

---

**Parent or Guardian Signature:**

---

**Parent or Guardian Name (printed):**

---

**Relationship:**

**Date:**

---