

## Guest Registration Form

### Guest Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name as you would like it to appear on nametag:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (as of Feb 7, 2020): \_\_\_\_\_

Gender: Female:  Male:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Fun Fact About You: \_\_\_\_\_

Emergency Contact during event (will be listed on guest's nametag):

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

Health Concerns: \_\_\_\_\_

Wheelchair/Accessibility Device Dependent: Yes:  No:

Special Communication Needs: No:  Yes:  If yes, please explain:

\_\_\_\_\_

Sensory Issues/Concerns (strobe lights, camera flashes, loud noises, etc.):

\_\_\_\_\_

Allergies: \_\_\_\_\_

(Please list any that apply: foods, animals, latex, makeup, plants or pollen, etc.)

Food Needs (food cut-up or pureed, gluten free, dairy free, etc.):

No:  Yes:  If yes, please explain: \_\_\_\_\_

Will Need Medication Administered During Event: Yes:  No:

***\* Please note that the church, their staff and volunteers are not responsible for administering medication to guests during the Night to Shine event. If medication is required during the event, a parent or caretaker MUST be available to administer the medication.***

Will guest be dropped off and picked up by a parent/caretaker? Yes:  No:

Will guest be taking public transportation to and from event? Yes:  No:

Will guest be attending as a part of a group that will provide transportation? Yes:  No:

**Additional Notes/Concerns You Would Like Us to Be Aware Of**

---

---

**Parent/Caretaker Information**

Parent/Caretaker Name(s): \_\_\_\_\_

---

Parent/Caretaker Phone: \_\_\_\_\_

Parent/Caretaker will be... Dropping Guest Off:  Enjoying Respite Room:

If enjoying Respite Room, how many? \_\_\_\_\_

*\* The Respite Room is a private area where parents/caretakers of guests can spend the evening enjoying food, entertainment and rest while remaining onsite during the event.*

**Care Provider Agency Information - If Applicable**

Care Provider Agency: \_\_\_\_\_

(If attending as a part of a group, please include agency or company name)

Care Provider Agency Phone: \_\_\_\_\_

Agency Chaperone (if applicable): \_\_\_\_\_

(Note: Chaperone is not required to stay with guest(s) unless required by Care Provider Agency)

Additional Notes or Concerns: \_\_\_\_\_

---

If guest is under the age of 18, a permission signed by your parent/guardian is required to participate.

PHOTO Release: I hereby authorize Cedar Grove Baptist Church to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions). I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by Cedar Grove Baptist Church (I understand identifiable from such photographic or electronic reproduction).

Guest or Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guest or Parent/Guardian Signature: \_\_\_\_\_

**Remit form to: Christi McAmis, Cedar Grove Baptist Church, Christi.mcamis@yahoo.com**