REGISTRATION

Today's Date _____

Household Information

Address

Street Address _____

City _____ State _____ Zip Code _____

Guardians

Father's First Name _____Father's Last Name _____

Father's Cell Phone # _____ Father's E-Mail _____

Mother's First Name _____ Mother's Last Name _____

Mother's Cell Phone # _____ Mother's E-Mail _____

Other Guardians Full Name: _____

Guardian's Cell Phone # _____ Guardians's E-Mail _____

Children Registered

Child #1

First Name _____ Last Name _____

BIrthday ____/_____/_____ Age _____ Grade in School _____

Group (circle one) Nursery (1-2) Toddler (3-4) Kidz Church (5 and up)

Any special instructions: Allergies, Medical, Behavior, Learning?

Other adults who may pick up my child? _____

TURN ME OVER!

Registration Continued

Child #2

First Name _____ Last Name _____

BIrthday ____/_____/_____ Age _____ Grade in School _____

Group (circle one) Nursery (1-2) Toddler (3-4) Kidz Church (5 and up)

Any special instructions: Allergies, Medical, Behavior, Learning?

Other adults who may pick up my child? _____

Child #3

First Name _____ Last Name _____

BIrthday ____/_____/_____ Age _____ Grade in School _____

Group (circle one) Nursery (1-2) Toddler (3-4) Kidz Church (5 and up)

Any special instructions: Allergies, Medical, Behavior, Learning?

Other adults who may pick up my child? _____

Waiver of Liability & Medical Release

I understand that while SonRise Bible church will take reasonable precautions, our children's ministry program involves the possibility of unforeseeable risks. In exchange for the Church allowing your child(ren) to participate in our Children's program (SonRise Kids), I waive and I release and discharge SonRise Bible Church, their related ministries and organizations, and each of its elders, directors, officers, managers, employees, volunteers, members, and agents from any and all claims, losses, or expenses arising from or related to SonRise Bible Church's children's ministry activities. I also agree to indemnify, hold harmless, and defend the church and each of the other parties listed above with regard to such cliams, losses, or expenses, including without limitation any claims made by or on behalf of the participant.

I HAVE READ AND FULLY UNDERSTAND THIS FORM. I UNDERSTAND THAT I AM WAIVING AND RELEASING ANY CLAIMS. By registering your child, you give us permission to use photos or videos captured by our staff that may included your child for use by SonRise Bible Church.

Parent or Guardian sign below. I understand and agree to be bound by this Authorization and Waiver and sign it both in my capacity as parent or guardian and in a representative capacity on behalf of my child(ren).

Parent/Guardian Signature _____ Date _____