

KIDZ CHURCH 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 Number (____) _____ Father's E-mail _____

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

Mother's Cell Phone Number (____) _____ Mother's E-mail _____

Other Guardian's First Name _____ Last Name _____

Cell Phone Number (____) _____ E-mail _____

Children Being Registered

Please list all infants and children (through 7th grade) who will participate in children's ministries:

Child 1

First Name _____ Last Name _____

Birthday ___/___/___ Group (circle one): Nursery (1-2) Toddler (3-4) Kidz Church

Age _____ Grade in School _____

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

Other adults who may pick up my child?: _____

Child 2

First Name _____ Last Name _____

Birthday ___/___/_____ Group (circle one): Nursery (1-2) Toddler (3-4) Kidz Church

Age _____ Grade in School _____

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

Other adults who may pick up my child? _____

WAIVER OF LIABILITY & MEDICAL RELEASE FORM

We understand the arrangement and believe that the necessary precautions and plans for the care and supervision of the child will be taken during the participation in Atkinson Congregational Church's Kidz Church. Beyond this, we will not hold responsible Atkinson Congregational Church or the person(s) supervising the program.

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the Children's leadership, staff, or other emergency medical personnel the permission to act on my behalf in seeking emergency medical treatment for this child in the event that such treatment is deemed necessary by the volunteer, leadership, or church staff. I give permission to those administering emergency medical treatment to do so using those measures deemed necessary. I absolve Atkinson Congregational Church, and/or church personnel from liability in acting on my behalf in this regard so long as they are not grossly negligent.

I, as a parent or guardian of a child participating in Children's Ministry programs at Atkinson Congregational Church, Atkinson, IL, accept the responsibility for all expenses arising from medical care for injuries to my children while participating in these activities.

Signature

I agree to the conditions of the Waiver of Liability & Medical Release Form.

Parent/Guardian Signature _____ Date _____

PERMISSION TO USE CHILD'S PHOTOS IN PRINT OR ON WEB

Your child/children may be photographed or filmed while participating at Atkinson Congregational Church. Their photo may be used for promoting or sharing activities from Children's Ministry or church related events, in print materials and/or electronically on the internet.

Parent/Guardian Signature _____ Date _____