

Children's Registration & Release Form

Family Last Name: _____ Best Phone number _____

Parent/Guardian Name: _____ Relationship to Child: _____

Children:

Name: _____ Birth Date: _____ Grade: _____

Sex: _____ Allergies: _____ Date of Last Tetanus Shot: _____

Name: _____ Birth Date: _____ Grade: _____

Sex: _____ Allergies: _____ Date of Last Tetanus Shot: _____

Name: _____ Birth Date: _____ Grade: _____

Sex: _____ Allergies: _____ Date of Last Tetanus Shot: _____

Name: _____ Birth Date: _____ Grade: _____

Sex: _____ Allergies: _____ Date of Last Tetanus Shot: _____

Emergency Contact: _____ Emergency Phone: _____

Address: _____ City: _____

Zip Code: _____ E-mail: _____

Insurance Company: (Covering Child(s)) _____ Policy #: _____

Policy Holder: _____ Policy Expiration Date: _____

I hereby give my consent to administer treatment to the above children in the event of an emergency in which time I cannot be reached. I give my consent to transport by ambulance if the situation warrants. I understand that the ambulance will be at my expense.

Signature of Parent/Guardian _____ Date _____

I release South Park Baptist Church, its staff, and sponsors from all liability in the event of an accident or personal injury of the children listed above during this activity.

Signature of Parent/Guardian _____ Date _____

Photographs are sometimes taken of children's ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web sites, brochures, and newsletters. By signing this, I am releasing South Park Baptist Church, to use photographs of my child as stated above.

Signature of Parent/Guardian _____ Date _____