

Children's Ministries Registration 2018-2019

(Please complete **one form per family**)

Names of Parent(s)/Guardian(s): _____

Full Address: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name & Number: _____

School that children attend _____

Children Involved in Children's Ministries

(List all children Baby – Grade 5)

First Name	Gender M/F	Birthdate M/D/Y	Grade in Fall	Allergies
1. _____				
2. _____				
3. _____				
4. _____				

FAMILY/PERSONAL CIRCUMSTANCES: Are there any family or personal issues your children may be working through? (i.e. divorce, family death, recent move) All information is kept confidential and helps teachers, leaders and ministers support your child:

PHOTO RELEASE: We enjoy taking photos of the children .These photographs may be used in various ways, including but not limited to: bulletin boards, gifts to children and families, web-site updates, and future promotion material. I, _____ authorize that photographs may be taken of my children listed on this page.
 (parent/guardian signature)

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Dear Parent/ Guardian,

We need the following form signed in order for your child/ children to participate in all our on-site activities for the coming year. One signature releases the church from liability and the other gives us permission to seek medical treatment for your child in the event of an emergency. You will be asked to sign another waiver for all off-site activities.

Thank You,

Janet Janz (Children's Ministry Director)

GENERAL RELEASE AND HOLD HARMLESS AGREEMENT – MINOR

I, _____, am the parent or legal guardian of _____ (the "minor"- name all), who desires to participate in various programs, events or activities (hereinafter collectively referred to as the "Activities") operated by King Road MB Church on-site for the year Sept. 2018- June 2019.

I understand and acknowledge that King Road MB Church will not allow the minor to participate in the Activities without releasing and holding King Road MB Church harmless from any liability arising out of participation in the Activities. I understand there may be risks involved in the minor's participation in the Activities and fully assume such risks on his or her behalf.

I REQUEST THAT KING ROAD MB CHURCH ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE KING ROAD MB CHURCH, ITS OFFICIERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS OR HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I further acknowledge and agree that I have given my consent for the minor to participate in the Activities and to remain in the custody of King Road MB Church representatives while participating in the Activities.

This agreement is binding on all minor's heirs, successors and personal representatives.

Dated: _____ Signed: _____
Parent/Guardian

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event the minor suffers an injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me have been unsuccessful, I hereby appoint eligible members of King Road MB Church leadership team as my agent(s) to act for me and in my name (in any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the agent is first able to contact me.

1. Minor's name: _____ Age: _____ Medical #: _____
Special medical allergies, chronic illness or other conditions: _____

2. Minor's name: _____ Age: _____ Medical #: _____
Special medical allergies, chronic illness or other conditions: _____

3. Minor's name: _____ Age: _____ Medical #: _____
Special medical allergies, chronic illness or other conditions: _____

4. Minor's name: _____ Age: _____ Medical #: _____
Special medical allergies, chronic illness or other conditions: _____

Family Doctor: _____ Doctor's phone: _____

Dated: _____ Signed: _____
Parent/ Guardian