

Children & Youth Registration Form

Covenant CRC – 2017-2018

Child's Name _____

Birth Date _____ Age & Grade _____ Nickname _____

Child's School _____ Child's Church _____

Home Address _____ Email Address _____

Mother's Name _____ Father's Name _____

Mother's Phone # _____ Cell # _____

Father's Phone # _____ Cell # _____

Emergency Contact Name _____ Emergency Contact Phone # _____

Doctor Name _____ Doctor # _____

Please list any special medical conditions, allergies or health concerns that we should be aware of:

Please list any special learning needs and /or recommendations for making Covenant Children's Ministries safer and more effective for your child:

The additional waiver and signatures on the back are needed for Youth in Middle and High School Youth Group which include some off-site activities.

Please COMPLETE one form per child

and place it in

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Covenant Christian Reformed Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Covenant Christian Reformed Church.

I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its Pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.

In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Covenant Christian Reformed Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damage arising from the giving of such consent.

I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Further I/we affirm that the health insurance information provided is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Ministry Leader.

Insurance Company: _____

Policy Number: _____

Student's Signature: _____ **date:** _____

Parent/Guardian Signature: _____ **date:** _____

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Please fill out the following information to better help our middle and high school leaders communicate with your child.

Student's Cell # _____

Student's Email Address: _____

Media Release

I, _____, give permission for Covenant CRC to use my child's picture on their website, social media sites, and for media releases (web & print) in which to advertise a church event.

Parent/Guardian Signature: _____ **date:** _____