

# CHILDREN'S MINISTRY REGISTRATION FORM



A Vibrant Community for All, Rooted in God's Grace.  
**Hope Lutheran Church • Enumclaw, WA**

CHILDREN'S INFORMATION			
First Name	Middle Name		Last Name
Birth date: / /	Age:	Grade:	Home Phone
Mailing address:		Mom Cell Phone	Dad Cell Phone
Mothers Name		Fathers Name	
E-mail address you would like us to use to contact you:		School Child attends:	
Authorized people to pick up my child (must be 18 years of age or older):			
Is there any custodial information that we should be aware of? If so please list below:			
Do you have a church home? If not, would you like to be contacted to learn more about our church? Yes No			

## MEDICAL HISTORY

Are there any allergies that we need to be aware of?

Are there any special considerations that we need to be aware of?

Is your child taking any medication? Yes No If yes please list them, and reason for medication:

Is there anything else that we should be aware of about your child?

## EMERGENCY CONTACT INFORMATION

Every effort will be made to contact the parents or guardian of the child before treatment is given.

First Name	Last Name	Relation to Child
Home Phone	Cell Phone	Home Address

## OTHER INFO

By checking this box I understand that photos of my child may be taken during this activity for display at our church and use on our website and social media.

I would like to help with this activity. I can help by:

**CONSENT TO TREAT AND RELEASE OF LIABILITY**

In consideration for being accepted by Hope Lutheran Church for participation in our Children's program, we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless First Presbyterian Church of Newark and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him or her to participate fully in our Children's program, and the activities done there, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent or Guardian (Effective through June 1<sup>st</sup> of the following year)

**MEDICAL INFORMATION FOR EMERGENCY USE**

Medical Insurance Provider	Doctors Name	Policy Number Phone Number
Dental Insurance Provider	Doctors Name	Policy Number Phone Number