



kidsconnection

Sunday PM Registration & Consent Form Nursery—Fifth Grade

Registration

Name _____ Circle One: Male or Female

Birthdate _____ Grade _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Parent(s)/Guardian _____

Cell Phone _____ Carrier _____

Would you like to receive text message updates? (rates may apply) Circle One: Yes No

Email Address _____

Emergency Contact Person _____

Location during Sunday PM and/or contact phone _____

Allergy/Health Information _____

Parental Consent

I give my permission for _____ to participate in any or all of the activities sponsored by First Church of God. This includes permission for my child to travel in any vehicle designated by the adult sponsor(s) of these activities. These activities are scheduled throughout the year in various locations by the adult sponsors of children's ministries. I am to be notified in advance of activities transporting my child away from the church property. I may obtain further details about each activity through the church office (244-5959).

In the unlikely event of an emergency, I grant permission for the adult sponsor to authorize and consent to any x-ray, medical or surgical diagnosis for treatment and hospital care to be rendered to my child under the general or special supervision and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision in the treatment found necessary for the correction of conditions considered detrimental to the health and well being of my child. I further release any liability to First Church of God and the adult sponsor(s) in the event of any accident en route, during and returning from the activities.

I understand and I am liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child.

Signature of Parent or Guardian _____

Date _____ Emergency Phone # _____

I grant First Church of God, its representatives and employees the right to take photographs of my child named above. I authorize First Church of God, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that First Church of God may use such photographs of my child **without** his/her name for any lawful purpose, including, for example such purposes as publicity, illustration, advertising and web content.

Signature of Parent or Guardian _____ Date _____

