

Children and Youth Ministry Registration

Please return your student's completed and signed registration form to a ministry coordinator.

Date of Registration: _____

Last Name _____ First _____ MI _____

Student's Email Address: _____ Wireless: _____

Male Female Date of Birth: _____ / _____ / _____

Information About Your Family

Mother/Guardian's Name _____

Home Address: _____

Home Phone: _____ Work: _____ Wireless: _____

Email: _____

Father/Guardian's Name _____

Home Address: _____

Home Phone: _____ Work: _____ Wireless: _____

Email: _____

If you cannot pick up your child, please give the names and phone numbers of at least two persons to whom your child CAN be released:

Name of anyone to whom your child is NOT to be released: _____

Information About Your Student

FRANKLIN COVENANT CHURCH, INC.

Does your child have any known allergies (such as bee stings, peanuts, food, dust, drugs, plants, animals, etc?) _____ If yes, please explain:

Is your child currently under a doctor's care? _____ If yes, please explain:

Does your child have a history of significant diseases, health problems, or recurrent illnesses? _____
If yes, please explain: _____

Please give any additional information which will be helpful in his/her experience in group settings (such as play, eating, likes, dislikes). _____

Emergency Care Information

Insurance Company _____ Policy # _____

Child's Doctor _____ Ofc. Phone: _____

Child's Dentist _____ Ofc. Phone: _____

Hospital Preference Angel Medical Center unless otherwise indicated here: _____

If neither father nor mother/guardian can be contacted in an emergency, please call:

Name _____ Relationship: _____ Phone: _____

Name _____ Relationship: _____ Phone: _____

I agree that Franklin Covenant Church, Inc., it's authorized representatives and assigns may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. I agree to the transport of my child and the release of important information to authorized medical personnel in the event of an emergency.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____

AUTHORIZATION STATEMENTS AND RELEASE OF LIABILITY

FRANKLIN COVENANT CHURCH, INC.

Policy and Procedure Statement: I have received a copy of and have read the FCC Information for Parents or Guardians, Children and Youth Ministry Guidelines and I agree to abide by the policies and procedures as outlined.

Signature of Parent/Guardian _____ Date _____

Permission for trips off site: I understand that Franklin Covenant Church, Inc. will be traveling by car pool, to scheduled trips to nursing homes, private residences, and commercial locations for the purpose of ministry, service, and recreation activities. I understand that I will be provided with a schedule of activities and trips, and hereby give my permission and consent to my child's participation in all scheduled activities unless otherwise notified.

Signature of Parent/Guardian _____ Date _____

Permission to be photographed and/or videotaped: My child has my permission to be photographed and/or videotaped during Franklin Covenant Church, Inc. activities. I understand that my child's photo or video image may be used in media articles, or presentation materials.

Signature of Parent/Guardian _____ Date _____

Release of Liability: I agree to release Franklin Covenant Church, Inc. from all liability in case of accident or injury during activities. I agree to indemnify and hold harmless Franklin Covenant Church, Inc. its representatives and assigns from any and all claims, demands, or causes of action that are brought by myself, my child or on behalf of my child against Franklin Covenant Church, Inc. I certify that I have adequate insurance to cover any injury or damage that my child may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

Signature of Parent/Guardian _____ Date _____