

Living Hope Kids and Student Ministry Registration, Permission Slip, and Medical Release Form

September 2020-August 2021

Parents/Guardians Name _____ Home Phone _____

Address _____ Mom's Cell Phone _____

City _____ State _____ Zip _____ Dad's Cell Phone _____

Mom's Email _____ Dad's Email _____

Person to notify in case of emergency (other than parent) _____

Home Phone _____ Cell Phone _____

Medical Insurance Carrier _____ Policy # _____

Child #1

First Name _____ Last Name _____ Date of Birth _____

Age _____ Sex _____ Grade _____ (or N for nursery)

Special Learning/Physical Needs/Disabilities _____

Allergies: Food/Medicine _____

Medications currently taking and dosage _____

Please register this student for the following (check all that apply):

Sunday AM (Sunday School or Nursery) **Children's Worship (ages 3 to 5)** **Wednesday PM (age 3 to grade 12)**

Child #2

First Name _____ Last Name _____ Date of Birth _____

Age _____ Sex _____ Grade _____ (or N for nursery)

Special Learning/Physical Needs/Disabilities _____

Allergies: Food/Medicine _____

Medications currently taking and dosage _____

Please register this student for the following (check all that apply):

Sunday AM (Sunday School or Nursery) **Children's Worship (ages 3 to 5)** **Wednesday PM (age 3 to grade 12)**

Child #3

First Name _____ Last Name _____ Date of Birth _____

Age _____ Sex _____ Grade _____ (or N for nursery)

Special Learning/Physical Needs/Disabilities _____

Allergies: Food/Medicine _____

Medications currently taking and dosage _____

Please register this student for the following (check all that apply):

Sunday AM (Sunday School or Nursery) **Children's Worship (ages 3 to 5)** **Wednesday PM (age 3 to grade 12)**

Read and Sign Reverse Side!!!

Child #4

First Name _____ Last Name _____ Date of Birth _____

Age _____ Sex _____ Grade _____ (or N for nursery)

Special Learning/Physical Needs/Disabilities _____

Allergies: Food/Medicine _____

Medications currently taking and dosage _____

Please register this student for the following (check all that apply):

- Sunday AM (Sunday School or Nursery)** **Children's Worship (ages 3 to 5)** **Wednesday PM (age 3 to grade 12)**

If you are registering more than four children, use a second form and attach it to this form.

Read Carefully and Sign Below

I give my permission to any church staff or sponsor to administer first aid, to obtain the services of a licensed physician and/or transport to an emergency medical facility when emergency medical treatment is required. I understand that I will be notified as soon as possible concerning any such emergency.

Yes No

By signing below you authorize that the undersigned does hereby give permission for our (my) child(ren), listed above, to attend and participate in activities from **September 2020-August 2021** that are sponsored by Living Hope. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Living Hope.

I hereby authorize Living Hope to publish photographs taken from **September 2020-August 2021** of myself and/or the minor child or children listed above, and our names and likenesses, for use in the Living Hope's print, online and video-based marketing materials, as well as other Living Hope publications.

I hereby release and hold harmless Living Hope from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize (insert company name) to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Living Hope, its contractors, its employees and any third parties involved in the creation or publication of Living Hope publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

By signing your name you are agreeing that all information entered is correct and that all permissions are agreed to from **September 2020-August 2021**.

Parent/Guardian Signature: _____ Date: _____