

Child's photo  
here

# REGISTRATION FORM



School year: \_\_\_\_\_ - \_\_\_\_\_

Child's name: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_  
DD/MM/YYYY

Name of parent(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/caregiver's cellphone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home email address: \_\_\_\_\_

Home church: \_\_\_\_\_

*Crew number or name (church use only):* \_\_\_\_\_

Allergies: \_\_\_\_\_

Is your child bringing medication with him/her? If so, please list:  
\_\_\_\_\_

Does your child have any physical, emotional, behavioural, mental concerns or limitations that our staff should be aware of? If so, please explain: \_\_\_\_\_

**In case of emergency, contact:** \_\_\_\_\_

**+** Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to child: \_\_\_\_\_

***IMPORTANT:*** *If your child is required to carry an Epi-Pen or any medication in case of emergencies, PLEASE INFORM STAFF/LEADERS and ensure they are aware of the exact location of the emergency medication or device.*



### **DROP OFF/PICK-UP**

The safety of your child is our primary concern. Precautions will be taken for their well being and protection.

I/we, (parents name) \_\_\_\_\_ authorize the following person to pick my child up following any activity sponsored by New Life Community Church:

1. \_\_\_\_\_ Phone #: \_\_\_\_\_
2. \_\_\_\_\_ Phone #: \_\_\_\_\_
3. \_\_\_\_\_ Phone #: \_\_\_\_\_

I understand that my child will not be permitted to leave the building unless myself or one of the these listed individuals enters the building to meet them and **sign them out**.

*Please note: For your child's safety, parents are kindly asked to ENTER THE BUILDING to pick up your children and sign them out.*

### **RELEASE**

I/we, the parents or guardians name above, authorize the Pastor and New Life Community Church Ministry Staff/Volunteers to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above. I/we, named above, undertake and agree to indemnify and hold blameless the Pastor, the Ministry Staff, New Life Community Church, and the Board of Deacons from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of New Life Community Church as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of New Life Community Church.

I have read, understood and agree with the above and sign it to cover only the activity being registered for on this form.

☞ **Parent's signature:** \_\_\_\_\_

### **MEDIA CONTENT/ADVERTISING**

Please let us know if you do **NOT** wish your child to be included in the reasonable use of pictures or video content taken within the duration of the programs we offer.

I have read, understood and grant permission for my child to be featured/included in the media content used for promotional advertising of the activity stated here: VBS and Kids Blast Programs

☞ **Parent's signature:** \_\_\_\_\_