

Douglas Assembly of God Children's Registration Form

Full Name _____ Birthday ____/____/____ Gender _____

Address _____ City _____ Zip _____

Home Phone# (____) _____ Family Email _____

Father/Guardian _____ Mobile (____) _____

Father's Email _____

Mother/Guardian _____ Mobile (____) _____

Mother's Email _____

Home Church _____ City _____

School _____ Grade _____

My Child may ONLY be picked up by.....

My Child may **NOT** be picked up by

T-Shirt Size _____

HEALTH INFORMATION

In case of medical emergency and parents cannot be reached, please contact:

Emergency Contact _____ Emergency Phone (____) _____

Emergency Contact (2) _____ Emergency Phone (____) _____

Insurance Provider: _____ Insurance Policy# _____

Doctor's Name _____ City _____ Phone _____

In case of emergency, is there anything the church or the doctor should know?

If your child suffers from any of the following, please identify.

___ Heart Trouble ___ Diabetes ___ Skin Trouble ___ Fainting spells ___ Lung trouble ___ Ear Trouble ___ Sinus Infection

___ Allergies (specify) _____

Medication Allergies ___ Yes ___ No (specify) _____

Food Allergies ___ Yes ___ No (specify) _____

Is your child allergic to insect bites? ___ Yes ___ No (specify) _____

Can your child swim? ___ Yes ___ No

Does your child have any physical condition or illness that would prevent him or her from participating in the regularly scheduled activities described above or in any other rigorous activity? ___ Yes ___ No

If yes, please explain _____

Explain any other health problems _____

MODEL RELEASE

To promote, evaluate, or otherwise describe Douglas Assembly of God's programs and activities, I give permission to Douglas Assembly of God, and its agents, to use in connection with any publication (including but not limited to brochures, booklets, videotapes, reports, press releases, Web sites, and exhibits) any image or recording in which my child, _____ may appear, to use and cite any comment(s), verbal or written, made by him/her about the program, and to use his/her name in connection with any publication and in such manner as determined by Douglas Assembly of God.

X [Parent Signature] _____ Date _____

MEDICAL & LIABILITY RELEASE

Child's Full Name (Please print.) _____

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in all of the regularly-scheduled activities of the children of Douglas Assembly of God, during 2019-20 school year and the 2020 summer, including field trips, campouts, swimming, boating, hiking, sporting events, and any other activities customarily associated with a church children's group. I give my permission for my child to ride the church vehicles to church and these above church functions. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, except as noted below:

I understand that I will be notified in the case of medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize the designated children's leader to make emergency medical care decisions on behalf of my child, if required by law or a health care provider: I understand that the church will not be responsible for medical expenses incurred solely on the basis of this authorization. I agree to notify the church in the event of any health changes which would restrict my child's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

X [Parent Signature] _____ Date _____

X [Witness] _____ Date _____