

**Douglas Assembly of God Children's Registration Form 2022-23**

**Family Information**

Father/Guardian \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact (Not a Parent/Guardian)**

Name: \_\_\_\_\_ Phone#: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: (\_\_\_\_\_) \_\_\_\_\_

Persons Authorized to pick up child(ren) \_\_\_\_\_

My child may NOT be picked up by \_\_\_\_\_

My child may leave on their own/walk home \_\_\_\_\_ Yes \_\_\_\_\_ No

**Child(ren) Information**

Full Name	T-Shirt Size	DOB	Gender	Grade	Special Needs/Allergies

Any Additional Information?

**Parental Release**

**Children's Names**


**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(ren) listed, 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. \_\_\_\_\_ Initials

**Parental Consent & Medical Treatment**

I, the undersigned, being the parent or legal guardian of the child(ren) listed above, 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 2022-23 school year and the 2023 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** \_\_\_\_\_

**Medical Information:**

Doctor's Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Permission for Treatment by Doctor/Hospital: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your family have health and/or accident insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Medicaid: \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Carrier: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_