

**Bear Creek United Methodist Church
KidZone Registration 2011-2012**

Office Use

Family Information

Parent/Guardian

(Last Name) (Parent/Guardian 1st Name)
Home Address: _____

(Street) (City & Zip)

Phone: _____
(Home) (Mom Cell) (Dad's Cell)

(Mom Work Phone) (Dad Work Phone)

Email: _____

Parents' Location during Sunday Morning: _____
(Please indicate for all hours) 8:15am 9:30a.m. 11:00am

Children:

(1) _____ (Last Name, First name)	_____ (Birth date)	_____ (Current Grade)	_____ (Allergies / Special Needs)
(2) _____ (Last Name, First name)	_____ (Birth date)	_____ (Current Grade)	_____ (Allergies / Special Needs)
(3) _____ (Last Name, First name)	_____ (Birth date)	_____ (Current Grade)	_____ (Allergies / Special Needs)

Emergency Information:

(Doctor's Name & Phone)

Emergency Contact:

(Name) (Phone)

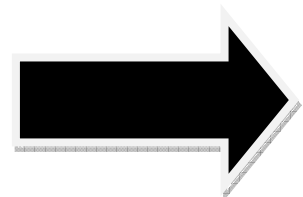
Release Authorization:

As part of our Safe Sanctuary Policy to better care for your child(ren), all children participating in Kidzone Programs must be picked up by a parent or other person you designate. On Sunday mornings, children in the 4th or 5th grade may be released from Sunday School independently with your signed permission below.

I give my permission for my child(ren) to be picked up from KidZone Programs by the following person(s):

(Name & Relationship & Phone)

(Name & Relationship & Phone)



Please fill out other side

CONSENT TO TREAT:

I hereby give my permission to the physician selected by the BCUMC trip coordinator or adult in charge to order X-rays, routine tests and provide treatment for the health of myself, my spouse, and/or my child, hospitalize, secure proper treatment for and to order injection(s) and/or anesthesia and/or surgery for myself, my spouse, and/or my child as named above in the event that the emergency contact cannot be reached.

Adult/Parent/Guardian Initials _____

PHOTOGRAPH RELEASE: By signing below, I hereby grant permission for photographs, video and audio recordings of me, my spouse, and/or my child while he or she participates in the activities associated with BCUMC, and I agree that BCUMC shall own all rights, copyrights, and derivative works. I give my irrevocable and perpetual consent to BCUMC to use, distribute and publish the photographs, videos and audio recordings of myself, my spouse, and/or my child for internal and promotional purposes, including posting at the church, broadcasting as audio programs, displaying as slide show or video presentations, inclusion in printed materials, and inclusion in online publication, presentations, and social media sites, such as, Facebook, Twitter, and YouTube.

Adult/Parent/Guardian Initials _____

TRANSPORTATION RELEASE: By signing below, I authorize transportation for myself, my spouse, and/or my child by emergency vehicle to an appropriate health care facility and pre-hospital medical care, all hospital and physician services, whether medical, surgical and/or dental, necessary for the benefit/safety/well-being of myself, my spouse, and/or my child.

Adult/Parent/Guardian Initials _____

HOLD HARMLESS AGREEMENT: By signing below, I, knowing that Bear Creek United Methodist Church has general liability coverage, but that no accident policy is being carried out for this program, do assume all risks and hazards incidental to the conduct of its activities; and do further indemnify and hold harmless the Bear Creek United Methodist Church, the organizers, sponsors, volunteers, drivers and workers associated church sponsored events and activities. In case of injury to myself, my spouse, and/or my child, I hereby waive all claims against Bear Creek United Methodist Church, the organizers, sponsors, volunteers, drivers and workers associated with church sponsored events and activities.

Adult/Parent/Guardian Initials _____

Adult/ Parent / Guardian Signature

Date

Please fill out other side

For Office Use Only

Verify all information in Shelby _____

Profile Reg. Form Rec'd-CSSR1011 _____

Profile Parent CSSFamily - CSSF1011 _____

Update Organization Grade _____

Profile Allergies and Memo _____

Nursery Copy _____

Teacher's Copy _____

