Byerland Registration Form for Children's Ministry

Including: Individual Data, General Permission, Medical Information, & Release Forms

Program Year – July 1, 2016-August 31, 2017

1**. Name of Child/Youth**:_____DOB:_____

   Age: _____ Grade: _____ School: _____

   Concerns/Allergies: _____

2**. Name of Child/Youth**:_____DOB:_____

   Age: _____ Grade: _____ School: _____

   Concerns/Allergies: _____

3**. Name of Child/Youth**:_____DOB:_____

   Age: _____ Grade: _____ School: _____

   Concerns/Allergies: _____

4**. Name of Child/Youth**:_____DOB:_____

   Age: _____ Grade: _____ School: _____

   Concerns/Allergies: _____

5**. Name of Child/Youth**:_____DOB:_____

   Age: _____ Grade: _____ School: _____

   Concerns/Allergies: _____

Parent(s)/Guardian: _____

 Address: _____

Phone: (home)_____(cell) _____

 E-mail: _____

<u>**Emergency Contact**</u>: (in the event parent/guardian cannot be reached)

Name: _____Relationship to Child: _____

Address: _____

Phone: (home)_____(cell) _____

E-mail: _____

<u>**Medical Data:**</u>

Physician: _____ Phone #: _____

Medical Insurance Company name and Policy #: _____

<u>**Photo Release:**</u> (please initial those that apply)

_____ Photos/videos of my child(ren) may be taken for publication within Byerland church, ie. bulletin board.

_____ Photos/videos of my child(ren) may be taken for use with the news/media.

_____ Photos/videos of my child(ren) may be taken for online use, ie. church website, facebook, instagram.

<u>**Release:**</u> I, the undersigned parent/guardian of the youth listed on this form do hereby give permission for any Byerland approved adults to treat said youth for minor injuries and to take him/her to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to the health of the child. I consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care that may be rendered to said minor, under the general specific instructions of _____(name of participant's physician) or if unavailable, by an on-call physician at a hospital or clinic. It is understood that this consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of my child, in my absence, and said physician to exercise their best judgment as to the requirements of such diagnosis or said medical treatment. I understand that any and all medical expenses incurred are my responsibility and that there is no medical insurance coverage provided by Byerland Mennonite Church. I release, indemnify and hold harmless Byerland Mennonite Church and its staff, sponsors, advisors, volunteers, officers, directors, and agents from any and all liability, suits, claims, damages, and expenses relating to or arising from my child's participation in related activities and travel, including but not limited to illness, injury, and property damage. Intending to be legally bound, and to bind my child and my heirs, assigns, and personal representatives, I have signed below.

Further, as parent/guardian of the named above, I do hereby consent that my child may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Signature of parent/guardian: _____ Date: _____

**A COPY OF THIS FORM WILL BE TAKEN ON EVERY ACTIVITY, FIELD
TRIP OR OVERNIGHT EVENT THAT THIS CHILD/YOUTH ATTENDS.**