

# Clayton Baptist Church

## Children's Ministries Registration Form

### 2011-2012

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Child's extracurricular activities: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 Work #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Church Member? Yes \_\_\_\_\_ No \_\_\_\_\_ Church Member? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Where? \_\_\_\_\_ Where? \_\_\_\_\_

#### Medical/Photo and Video Permission and Release Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Emergency Notification Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Past Medical History

Please note any allergies: Food \_\_\_\_\_ Penicillin or other drugs \_\_\_\_\_  
 Insect bites/stings \_\_\_\_\_ Poison sumac/oak/ivy \_\_\_\_\_  
 Other \_\_\_\_\_

Please list any medications you are taking: \_\_\_\_\_

#### Permission for Treatment and Photo/Video Notice

My permission is granted for the church minister, church official, or any chaperone in charge to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal church activities and these photos/videos may be used in promotional material.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Clayton Baptist Church, Clayton from any and all claims, demands, actions, or cause of action, past, present, and future arising out of any damage or injury while employed or participating in Clayton Baptist Church, Clayton activities.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. State of Georgia County of Rabun

Signature \_\_\_\_\_

Relation to child \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ personally appeared before me \_\_\_\_\_ personally known by me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature \_\_\_\_\_