



Children's Ministry Registration

Please complete one form per family and return it to Sarah@crosslakeefc.org or to the front desk at the church offices. Thank you!

My children will be attending the following ministries:

_____ Sunday School, 9:45am-10:30am Sunday mornings

_____ Kid's Club 6:30-8pm Wednesday nights

Household Information

Parents/Guardian _____

Mobile _____

Email _____

Home Phone# _____

Address _____

Please list all children, PreK through 6th grade, below:

Child 1 Name _____

 Birthday _____ Grade _____

Special instructions/Allergies, Medical, Behavior,
Learning _____

Child 2 Name _____

 Birthday _____ Grade _____

Special instructions/Allergies, Medical, Behavior,
Learning _____

Child 3 Name _____ Birthday _____ Grade _____

Special instructions/Allergies, Medical, Behavior,
Learning _____

Child 4 Name _____

 Birthday _____ Grade _____

Special instructions/Allergies, Medical, Behavior,
Learning _____

Please list any adults, not previously listed, that are authorized to pick up your children or special instructions of people NOT allowed pick up your children:

Waiver of Liability & Medical Release Form

We understand the arrangement and believe that the necessary precautions and plans for the care and supervision of the child will be taken during their participation in The Log Church programs. Beyond this, we will not hold responsible The Log Church or the person supervising the program

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the Children's leadership, staff, or other emergency medical personnel the permission to act on my behalf in seeking emergency medical treatment for this child in the event that such treatment is deemed necessary by the volunteer, leadership, or church staff. I give permission to those administering emergency medical treatment to do so using those measures deemed necessary. I absolve The Log Church, and/or church personnel from Liability in acting on my behalf in this regard so long as they are not grossly negligent.

I, as a parent or guardian of a child participating in Children's Ministry programs at The Log Church, Crosslake, MN, accept the responsibility for all expenses arising from medical care for injuries to my children while participating in these activities.

Name of participants:

Emergency Contact, Relationship to Child, and Phone #

Your child/children may be photographed or filmed while participating at The Log Church. Their photo may be used for promoting or sharing activities from Children's Ministry or church related events, in printed materials and/or electronically on the Internet.

Parent's or Guardian's signature below indicates acceptance of this policy. Parent/Guardian name:

Please Print

Signature: _____

Date: _____

The Log Church, Crosslake, MN 56442