

# ELBC Children's Ministries Registration

**Parent/Guardian**

**Contact Information**

Name(s) \_\_\_\_\_

Home: \_\_\_\_\_

Address \_\_\_\_\_

Cell: \_\_\_\_\_

City \_\_\_\_\_, OK Zip: \_\_\_\_\_

Cell: \_\_\_\_\_

Church Home \_\_\_\_\_

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

People (other than parents) authorized to pick up the children: \_\_\_\_\_

Emergency: \_\_\_\_\_

\*Emergency contact during Club (other than parents)

**Child's Name**

**Birth date**

**M/F**

**Grade**

**School**

**Allergies**

| <u>Child's Name</u> | <u>Birth date</u> | <u>M/F</u> | <u>Grade</u> | <u>School</u> | <u>Allergies</u> |
|---------------------|-------------------|------------|--------------|---------------|------------------|
| _____               | _____             | _____      | _____        | _____         | _____            |
| _____               | _____             | _____      | _____        | _____         | _____            |
| _____               | _____             | _____      | _____        | _____         | _____            |
| _____               | _____             | _____      | _____        | _____         | _____            |
| _____               | _____             | _____      | _____        | _____         | _____            |

**Medical Information**

Doctor's name and Phone: \_\_\_\_\_

**Terms and Conditions:**

- 1) I understand that my child/children may participate in physical activities such as those held during Game Time of AWANA or VBS. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Everlasting Life Baptist Church and any persons involved in the Children's Ministries.
- 2) In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Children's Ministries members to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.
- 3) I grant permission for a photo, along with name of my child(ren) to appear in general ministry photos or slide show presentations.
- 4) I grant permission for my child to travel to/from Children's Ministries events with an adult leader. Any such event will be clearly communicated with me beforehand.
- 5) \_\_\_\_\_ has/have my permission to ride the church van  
(Child's/Children's Names)  
and attend Everlasting Life Baptist Church. I understand that Everlasting Life Baptist Church and their sanctioned members are not liable in case of accident. I understand that all precautions will be taken in order to provide safe transportation. I also understand that my child/children will be traveling to and from church in a van.

I have read and agree to the Terms and Conditions stated above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date