

2017-2018 BEFC CHILDREN'S MINISTRIES & YOUTH REGISTRATION FORM

Submit completed forms to the office

PARENT/GUARDIAN INFORMATION

#1 _____ (Name) _____ (Relationship)
_____ (Contact Phone #) _____ (Email)
_____ (Mailing address)

#2 _____ (Name) _____ (Relationship)
_____ (Contact Phone #) _____ (Email)
_____ (Mailing address)

Church Attending: _____

CHILD INFORMATION

Child #1 Name _____ (DOB) _____

Current Grade: _____ Enrolling for: Nursery 9:30 _____ 11:00 _____

Children's Church (Preschool only) _____ Sunday School _____ AWANA _____ JHM _____ HSM _____

Allergies, Medical, Special Needs _____

Additional Information (Legal/Custody Issues, AWANA Scholarship request, etc) _____

Child #2 Name _____ (DOB) _____

Current Grade _____ Enrolling for: Nursery 9:30 _____ 11:00 _____

Children's Church (Preschool only) _____ Sunday School _____ AWANA _____ JHM _____ HSM _____

Allergies, Medical, Special Needs _____

Additional Information (Legal/Custody Issues, AWANA Scholarship request, etc) _____

CHILD INFORMATION (Continued on next page)

Child #3 Name _____ (DOB) _____

Current Grade _____ Enrolling for: Nursery 9:30 _____ 11:00 _____

Children's Church (Preschool only) _____ Sunday School _____ AWANA _____ JHM _____ HSM _____

Allergies, Medical, Special Needs _____

Additional Information (Legal/Custody Issues, AWANA Scholarship request, etc) _____

Child #4 Name _____ (DOB) _____

Current Grade _____ Enrolling for: Nursery 9:30 _____ 11:00 _____

Children's Church (Preschool only) _____ Sunday School _____ AWANA _____ JHM _____ HSM _____

Allergies, Medical, Special Needs _____

Additional Information (Legal/Custody Issues, AWANA Scholarship request, etc) _____

Child #5 Name _____ (DOB) _____

Current Grade _____ Enrolling for: Nursery 9:30 _____ 11:00 _____

Children's Church (Preschool only) _____ Sunday School _____ AWANA _____ JHM _____ HSM _____

Allergies, Medical, Special Needs _____

Additional Information (Legal/Custody Issues, AWANA Scholarship request, etc) _____

OFFICE ONLY Liability Waiver _____ Registration Payment: AWANA _____ Scholarship _____

BEFC Children's & Youth Ministries Liability Release Agreement

Liability Release Agreement is intended and effective for all Children's Ministries & Youth Events and Activities

I, the undersigned parent or guardian of the child(ren) listed on pages 1 & 2:

1. Understand that my child may be photographed for church advertising and ____ do OR ____ do not give my consent.

2. Understand that I may be asked to remove my child(ren) from the program if a discipline problem arises that has an adverse effect on other participants.

3. I understand that Buffalo Evangelical Free Church, and its Children's & Youth Ministries Staff, will try to avoid any injury to all participants. I am fully aware that playing any sport/activity involves risk of injury/illness. In return for my child(ren) being allowed to participate in Children's & Youth Ministries, I release any of the other Children's & Youth Ministries participants, Buffalo Evangelical Free Church, Children's & Youth Ministries Staff, Children's & Youth Ministries Volunteers, or affiliates, from all present and future claims that may be made by the Participant(s) or me or my family. Permission is granted for Participant(s) to receive emergency medical treatments if needed.

Insurance Company _____ Policy Number _____

Group Number _____ Policy Holder _____

____ I am of legal age and am freely signing this Children's Ministries & Youth Liability Release Agreement. I have read this form and understand that by signing this form, I am giving up legal rights to sue.

____ I give permission for my child(ren) to participate in Children's & Youth Ministries.

Parent or Guardian Name (Please Print) _____

Parent or Guardian Signature/Date _____