



Date: _____

Sunday Morning Classroom Registration Form

Child's Name: _____

Birth Date: _____ Sex: _____

Parents / Legal Guardians: _____

Address: _____

Telephone: (home) _____ (cell) _____

Email (for future communications): _____

Are there any concerns about a non custodial parent picking up the child?

___ (Yes) ___ (No)

If yes, any instruction you want to provide: _____

Emergency contact: _____ Telephone: _____

Emergency contact relationship to child: _____

Does your child have any allergies? _____ (Yes) _____ (No)

If yes, please list: _____

Please list and explain any diet restrictions or medical conditions that our volunteers should be made aware of (i.e. diabetes, seizures, etc): _____

Liability Waiver:

I hereby take the following action for my child, myself, and including my executors, administrators, heir, next of kin, successors, and assigns: **A)** I waive, release, and discharge from any and all claims or liabilities for personal loses, death, or personal injury of any kind, which arise out of or relate to my child's participation in Grace Church's Children's Ministry activities, the following person, or entities. Grace Church, its' Pastors, employees, and volunteers any of the above: **B)** I agree not to sue any of the persons or entities mentioned above for any of the claims of liabilities that I have waived, released, or discharged herein except in the case of gross negligence on the part of Grace Church, Grace Church Staff and volunteers and: **C)** I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I hereby assume the risks of my child participating in all Grace Church Children's Ministry activities.

Parent(s)/Legal Guardian Signature _____