



FRIDAY NIGHTCLUB MINISTRY REGISTRATION FORM



Parent/Guardian

Name: _____

Relationship: _____ Phone: _____ Cell: _____

Parent/Guardian Name: _____

Relationship: _____ Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Church: _____

Email: _____

I would be willing to help with the club ministry as needed:

Regularly Occasionally Food Specialty Outings

Emergency Contact (OTHER THAN PARENT/GUARDIAN)

Name: _____

Relationship: _____ Phone: _____ Cell: _____

Please provide insurance information for emergencies

Preferred Hospital: _____

Pediatrician/Primary Physician: _____

Medical Insurance Carrier: _____

Policy #: _____

Group#: _____ ID #: _____

Name of Policy Holder: _____

Please use the back of sheet to list additional siblings

Medical Information

(allergies, medical needs, custodial instructions)

1. Child's Name: _____

First Last (Nickname)

Gender: M F Birthdate _____ Age: _____ Grade: _____

2. Child's Name: _____

First Last (Nickname)

Gender: M F Birthdate _____ Age: _____ Grade: _____

3. Child's Name: _____

First Last (Nickname)

Gender: M F Birthdate _____ Age: _____ Grade: _____

NOTE: If home-schooled please use grade child would be in if in traditional school.

We ask a noncompulsory registration fee of \$15.00 per child participant.

Registration fee helps cover general cost for our programs. If, at this time, you cannot afford the entire registration fee, please contribute what you can.

Number of child participants: _____ X \$15.00 = _____

Make checks payable to Bethlehem Church

Please check each statement and sign below.

- Media Release :** I understand images and recordings may be taken during events, activities and programs, and I give Bethlehem Church permission to use images that include me or my child in any and all media products for promotion or other purposes for an unlimited duration and without compensation. I hereby unconditionally release Bethlehem Church and its representatives from any and all claims and demands arising out of these activities.
- I understand that my child(ren) may be involved in physical activity. As with any activity, there is a risk of injury. I fully accept this risk and hold harmless against any legal liability Bethlehem Church and any person involved in the club ministry.
- In the event that an emergency requires medical treatment for the above named child(ren), I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give permission for Bethlehem Church volunteers to secure the services of emergency medical help necessary for my child(ren)'s wellbeing. I assume all responsibility for the costs of any accident and any treatment.

Parent/Guardian

Signature: _____ Date: _____