



# Registration Form



Glenview Alliance Church  
10037 Susquehanna Trail S., Glen Rock, PA 17327  
[www.glenviewcma.org](http://www.glenviewcma.org) (717)-428-2502

Child's Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ With Texting? \_\_\_\_\_

Email Address \_\_\_\_\_

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

Parent/Guardian Name(s) \_\_\_\_\_

Does your child have any allergies, medical needs, or behavioral concerns? \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Pick-up Person(s) \_\_\_\_\_

### LIABILITY RELEASE

*I, the undersigned parent or guardian of the child I am registering, forever discharge and agree to hold harmless Glenview Alliance Church, its employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child I am registering while involved in activities at the church. Furthermore, I hereby assume all risk of accidental personal injury, sickness, death, damage and expenses as a result of participation in activities involved therein, as well as releasing the child, if necessary, for transportation to and from the church location. I also release from any liability any of its ministries or leaders in the event of an accident in route, during, and/or returning from the above mentioned event. This agreement does not apply for intentional misconduct or gross negligence.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### PHOTO / IMAGE RELEASE

*I, the undersigned parent or guardian of the child I am registering, give my consent to Glenview Alliance Church to use photo or video images of my child in church advertisements or publications as they see fit. I agree to hold harmless Glenview Alliance Church from any liability which may result from the use of said picture(s). \*None of the photos to be taken will be for personal use.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Additional Registrations for Families with Multiple Children

Child's Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Does your child have any allergies, medical needs, or behavioral concerns? \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Does your child have any allergies, medical needs, or behavioral concerns? \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Does your child have any allergies, medical needs, or behavioral concerns? \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Does your child have any allergies, medical needs, or behavioral concerns? \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_