Grace Community Church (GCC) Student Ministry Registration Form 2018-2019

Registration for: Student Ministry - Please Circle Current Grade 7 8 9 10 11 12

Participant's Name:				Sex: M F
Street Address:				
City:	Zip:	Birth Date	/	/
Home Phone:	Cell Phone	#/Alternate Phone #:		
School:		Grad Year (High School)		
Parents'/Guardian's Name	e(s):			
Child lives with:		Relationship:		
Day Phone:	Evening Pho	one:		
Parents'/Guardian's Emai	1:			
Performance/Publication Recognizing that all items programs:	G		oting Gr	race Community Church
 I give permission for my I further permit Grace C sounds of my child for the 	ommunity Church to us	se any photographs, video		•
Release of Liability In case of any accident or from one of these activities I have read, understood and	es, I agree to release GC	CC, its employees and volu		r during transportation to or from all liability.
(Parent/Guardian Signatur	re)	(Date)		

Grace Community Church (GCC) Medical Information

Participant's Name:	
	Evening:
Health Insurance Company:	ID#
	Phone:
List any Allergies:	
Date of last Tetanus (DPT):	
Person (not living with family) to c complete.	ontact in an emergency (when parent cannot be reached): This must be
Name:	Relationship:
Day Phone:	Evening Phone:
medication must be given to an adu administered by a designated GCC	ons that your child needs to take during any of GCC's programs. All lt GCC staff member/ministry team leader/youth leader and will only be adult leader. List all restrictions or special attention needed, medicine that attach/ send doctor's note if applicable.
Medical Release/ Permission for 7	Freatment/ Participant release form for GCC to administer medication
others in writing at a future date as	nembers and youth leaders to administer the above medication(s) and any authorized or directed by a doctor, parent, and/or guardian. I agree to release redications which are permitted to be administered as noted above.
of an emergency do hereby authorize for the undersigned to consent to are treatment and hospital care which is supervision of any physician and/or	
being required and is given to provi consent for any and all such diagno surgeon, in the exercise of his/her b	on is given in advance of any specific diagnosis, treatment, or hospital care de authority and power on the part of our aforesaid agent(s) to give specific sis, treatment, or hospital care which the aforementioned physician or sest judgment, may deem advisable only in case of an emergency. I also volunteers from any financial responsibility related to any and all such e mentioned above.
I have read, understood and agreed	to the information above.
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Signature of Parent or Legal Guard	
Note: All of the above releases will Grace Community Church:	remain in effect until August 31, 2019 unless revoked sooner in writing to