

**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(s): _____

Child lives with: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Parents'/Guardian's Email: _____

Performance/Publication/Media Rights Release

Recognizing that all items listed below are strictly for the purpose of promoting Grace Community Church programs:

- I give permission for my child to participate in all youth activities at Grace Community Church.
- I further permit Grace Community Church to use any photographs, video images and sounds, and/or audio sounds of my child for the purpose of promoting GCC' programs.

Release of Liability

In case of any accident or illness during any Grace Community Church activities or during transportation to or from one of these activities, I agree to release GCC, its employees and volunteers from all liability.

I have read, understood and agreed to all of the above.

(Parent/Guardian Signature)

(Date)

