

2017-2018 Children & Student Ministries Participation

San Marino Community Church • 1750 Virginia Road, San Marino, CA 91108 • (626) 282-4181 • www.smccpby.com

Family Name: _____

Child 1

_____ Gender: Male / Female
Child's Name (include last name if different)

Birthdate: _____ Age: _____ Grade: _____ School: _____

Student's E-mail: _____ Student's Cell: _____

<input type="checkbox"/> Sunday School	<input type="checkbox"/> 3rd Grade Bibles	<input type="checkbox"/> Acolytes	<input type="checkbox"/> VBS	<input type="checkbox"/> Middle School Fellowship	<input type="checkbox"/> High School Fellowship	
<input type="checkbox"/> Music & Discovery	<input type="checkbox"/> American Girls	<input type="checkbox"/> Treeclimbers		<input type="checkbox"/> Confirmation	<input type="checkbox"/> Mission Trip	<input type="checkbox"/> Handbell Choir

Circle preferred T-shirt size: Youth 3T XS(4-5) S(6-8) M(10-12) L(14-16) Ladies S M L XL Mens S M L XL

Child 2

_____ Gender: Male / Female
Child's Name (include last name if different)

Birthdate: _____ Age: _____ Grade: _____ School: _____

Student's E-mail: _____ Student's Cell: _____

<input type="checkbox"/> Sunday School	<input type="checkbox"/> 3rd Grade Bibles	<input type="checkbox"/> Acolytes	<input type="checkbox"/> VBS	<input type="checkbox"/> Middle School Fellowship	<input type="checkbox"/> High School Fellowship	
<input type="checkbox"/> Music & Discovery	<input type="checkbox"/> American Girls	<input type="checkbox"/> Treeclimbers		<input type="checkbox"/> Confirmation	<input type="checkbox"/> Mission Trip	<input type="checkbox"/> Handbell Choir

Circle preferred T-shirt size: Youth 3T XS(4-5) S(6-8) M(10-12) L(14-16) Ladies S M L XL Mens S M L XL

Child 3

_____ Gender: Male / Female
Child's Name (include last name if different)

Birthdate: _____ Age: _____ Grade: _____ School: _____

Student's E-mail: _____ Student's Cell: _____

<input type="checkbox"/> Sunday School	<input type="checkbox"/> 3rd Grade Bibles	<input type="checkbox"/> Acolytes	<input type="checkbox"/> VBS	<input type="checkbox"/> Middle School Fellowship	<input type="checkbox"/> High School Fellowship	
<input type="checkbox"/> Music & Discovery	<input type="checkbox"/> American Girls	<input type="checkbox"/> Treeclimbers		<input type="checkbox"/> Confirmation	<input type="checkbox"/> Mission Trip	<input type="checkbox"/> Handbell Choir

Circle preferred T-shirt size: Youth 3T XS(4-5) S(6-8) M(10-12) L(14-16) Ladies S M L XL Mens S M L XL

Child 4

_____ Gender: Male / Female
Child's Name (include last name if different)

Birthdate: _____ Age: _____ Grade: _____ School: _____

Student's E-mail: _____ Student's Cell: _____

<input type="checkbox"/> Sunday School	<input type="checkbox"/> 3rd Grade Bibles	<input type="checkbox"/> Acolytes	<input type="checkbox"/> VBS	<input type="checkbox"/> Middle School Fellowship	<input type="checkbox"/> High School Fellowship	
<input type="checkbox"/> Music & Discovery	<input type="checkbox"/> American Girls	<input type="checkbox"/> Treeclimbers		<input type="checkbox"/> Confirmation	<input type="checkbox"/> Mission Trip	<input type="checkbox"/> Handbell Choir

Circle preferred T-shirt size: Youth 3T XS(4-5) S(6-8) M(10-12) L(14-16) Ladies S M L XL Mens S M L XL

Children & Student Ministries Participation form continued

Child 5

_____ Gender: Male / Female Child's Name (include last name if different)	
Birthdate: _____ Age: _____ Grade: _____ School: _____	
Student's E-mail: _____ Student's Cell: _____	
<input type="checkbox"/> Sunday School <input type="checkbox"/> 3rd Grade Bibles <input type="checkbox"/> Acolytes <input type="checkbox"/> VBS <input type="checkbox"/> Music & Discovery <input type="checkbox"/> American Girls <input type="checkbox"/> Treeclimbers	<input type="checkbox"/> Middle School Fellowship <input type="checkbox"/> High School Fellowship <input type="checkbox"/> Confirmation <input type="checkbox"/> Mission Trip <input type="checkbox"/> Handbell Choir
Circle preferred T-shirt size: Youth 3T XS(4-5) S(6-8) M(10-12) L(14-16) Ladies S M L XL Mens S M L XL	

Child 6

_____ Gender: Male / Female Child's Name (include last name if different)	
Birthdate: _____ Age: _____ Grade: _____ School: _____	
Student's E-mail: _____ Student's Cell: _____	
<input type="checkbox"/> Sunday School <input type="checkbox"/> 3rd Grade Bibles <input type="checkbox"/> Acolytes <input type="checkbox"/> VBS <input type="checkbox"/> Music & Discovery <input type="checkbox"/> American Girls <input type="checkbox"/> Treeclimbers	<input type="checkbox"/> Middle School Fellowship <input type="checkbox"/> High School Fellowship <input type="checkbox"/> Confirmation <input type="checkbox"/> Mission Week <input type="checkbox"/> Handbell Choir
Circle preferred T-shirt size: Youth 3T XS(4-5) S(6-8) M(10-12) L(14-16) Ladies S M L XL Mens S M L XL	

Parental Information

Parent/Guardian: _____ Relationship: _____ Cell Phone: _____ E-mail: _____	Parent/Guardian: _____ Relationship: _____ Cell Phone: _____ E-mail: _____
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Address: _____

I do not grant San Marino Community Church permission to use my child's image in any media publications, electronic or printed.
 _____ Initials.

Are you a member of SMCC? YES NO

If not, are you interested in becoming a member? YES NO

If you do not attend SMCC, which church do you attend? _____

Signature _____ Date _____

WAIVER/GENERAL RELEASE FOR A MINOR

Good through SEPTEMBER 30, 2018

I/We _____ authorize San Marino Community Church,
(please print name)

it's agents, employees, officers, directors and volunteers (herein known as SMCC) in whose care the minor child has been entrusted by me/us, to consent to any x-ray examinations, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general care and special supervision of a licensed physician under the California Medical Practice Act and/or by a licensed dentist. It is understood that this authorization is given in advance of any special diagnosis, treatment or hospital care being required. It is given to provide authority and power on the part of SMCC to give specific consent to any and all such diagnosis, treatment or hospital care which a treating physician and/or dentist in the exercise of his/her best judgment may deem advisable in the event of illness or injury of the minor child. This authorization is given pursuant to the provisions of California Family Code, Section 6901-6910. This authorization shall remain in effect through **September 30, 2017** unless sooner revoked by the undersigned in writing delivered to SMCC.

This also releases SMCC, it's agents, employees, officers, directors and volunteers (herein known as SMCC) from any and all costs and expenses, including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which SMCC may pay or become obligated to pay on account of any, all and every demand for, claim or assertion of liability or any claim or action founded for, arising or alleged to have arisen out of the activity for which this authorization is given or the use of real property belonging to SMCC by any action or omission by the minor child.

Liability Release: I/We agree to waive all claims against SMCC, it's agents, employees, officers, directors and volunteers harmless from any and all liability claims that may arise out of or in connection with my child's/children's participation in this ministry and it's activities.

Transportation Release: I/We are aware that students will be transported to and from events in a church, and/or rental and/or private vehicles.

Insurance Release: I/We understand that SMCC's insurance begins where the individual's health and accident policy terminates.

Personal Belongings Release: I/We understand that SMCC is not responsible for personal belongings (including but not limited to cell phones, clothing, etc.)

Discipline Release: I/We fully understand that each participants are to abide by all rules and regulations governing conduct during the various activities/trips. In the event of repeated student misconduct, I/We authorize the staff to send my child home at my (parent's/guardian's) expense.

Signature _____ Date _____

(Please complete Emergency Information on back)

Emergency Authorization

If parents/guardians are unavailable:

Emergency Contact: _____ Phone: _____

Emergency Release:

If different than the above named, I/we give permission for my/our child to be released to the adult(s) listed below:

Name(s)

Phone #

Health or Special Needs: (Check as appropriate)

- My child(ren) have no special health needs that the staff should be aware of and is/are not on any kind of medication.
- My child has the following allergies/special need(s) – please modify my child’s activities. (Examples: epilepsy, heart trouble, diabetes, etc. Please provide specific instructions including current medication, frequency, and dosage)

Child’s Name

Allergies/Special Needs

Doctor’s Name: _____ Phone: _____

Health Insurance Company: _____

Policy Number: _____

Signature _____ Date _____