



Child/Youth Registration

2017/2018

Please complete the information below to ensure that we have the best contact and up-to-date medical information for your child.

Participant General Information

Child's Name: _____

Birthdate: _____ Grade: _____ T-Shirt Size: _____ Gender: M F

Mother's Name: _____

Father's Name: _____

Child's Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Child's Cell Phone: _____

Child's Email: _____

Mother's Email: _____

Father's Email: _____

Home Church: _____

How did you hear about CBC's Program? _____

Name(s) & Phone Number(s) of People Other Than Parents Who May Pick Up Your Child from CBC:

Participant Medical Information

Name of medical insurance company: _____

Policy #: _____ Group #: _____

Name of insured: _____

Employer of insured: _____

Child's Primary Health Care Provider's Name & Phone Number:

Child's Dental Provider's Name & Phone Number:

The following information will be used to contact those persons who will be responsible for making emergency medical decisions on behalf of the child listed above. Parental or guardian contact information must be updated if/when it changes. **ONLY LIST THE NAMES OF THOSE WHO HAVE AUTHORITY TO MAKE DECISIONS IN AN EMERGENCY SITUATION INVOLVING THIS CHILD.** List at least one person who may be contacted in the event the parents or guardians are unavailable. Additional persons and their contact information can be listed on the back of this form.

Mother's name: _____ Cell: _____ Home: _____

Address: _____

Mother's employer: _____

Name	Address	Work Phone
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Father's name: _____ Cell: _____ Home: _____

Address: _____

Father's employer: _____

Name	Address	Work Phone
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ADDITIONAL EMERGENCY CONTACT(S) who have the authority to make decisions in an emergency

Name: _____

Cell: _____ Home: _____

Work Phone Number: _____

Relationship to your child: _____

Name: _____

Cell: _____ Home: _____

Work Phone Number: _____

Relationship to your child: _____

Name: _____

Cell: _____ Home: _____

Work Phone Number: _____

Relationship to your child: _____

MEDICAL CONDITIONS

Medical condition(s): _____

Medications currently being taken by your child: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS

1. Sign/symptoms to look for: _____

2. If sign/symptoms appear, do this: _____

3. To prevent incidents: _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature below authorizes the responsible person at Calvary Bible Church Youth/Child Ministry to have your child transported to that hospital. It also authorize Calvary Bible Church Youth/Child Ministry personnel to contact the child's primary care or dental provider, in the event of an emergency.

I HEREBY GIVE PERMISSION FOR THOSE RESPONSIBLE FOR MY CHILD AT Calvary Bible Church Youth/Child Ministry TO AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN THE EVENT OF AN EMERGENCY. I hereby agree to release, defend, indemnify, and hold harmless Calvary Bible Church and its agents, volunteers, and employees from any and all past, present, future, known and unknown liabilities, actions, causes of action, claims, expenses, and damages (including without limitation, interest, penalties, court costs, attorney's fees and expenses) resulting from or on account of injury to MY CHILD or MYSELF or my property in connection with any medical care provided to my child. I further release any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through the party signing this release, arising out of or relating to the care anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Signature of Parent/Guardian: _____ Date: _____

Print Parent/Guardian Name: _____

Photograph / Video Use Consent and Release

I hereby grant permission to Calvary Bible Church, its representatives, contractors, employees, and volunteers acting on behalf of the ministry, to take and/or use, copyright, publish, edit, crop, or treat images or likenesses of my child, _____, including photographs, videos or otherwise, of my child, for any lawful use on the ministry's website, social media pages (such as Facebook, SnapChat, Instagram, etc.), blogs, or in other official ministry printed or electronic publications without further consideration. I understand that this consent and release will operate in full force and effect until such time as I withdraw my consent in writing. I understand that should photographs or videos of my child be used on Calvary Bible Church owned or operated websites or webpages, they may be available for download.

I do hereby agree to release, indemnify, and hold harmless Calvary Bible Church and its agents and employees, from any and all present, past, future, known and unknown liabilities, actions, causes of actions, claims, expenses, and damages that may arise from the use or dissemination of photographs or videos of my child, whether via the internet or in print. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through the party signing this release, arising out of or relating to the activities anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof.

Calvary Bible Church cannot be responsible for photographs and videos taken by other parties, eg. peers, parents, or event attendees.

Calvary Bible Church reserves the right to use photographs and videos without notice.

Signature of Parent/Guardian: _____ **Date:** _____

Print Parent/Guardian Name: _____