

Children's Ministry Registration Form

Family Name:					
Address:			Phone	Phone:	
Parent/Guardian 1:			Cell Phone:		
Parent/Guardian 2:			Cell Phone:		
Primary e-mail:					
Name/Gender (M/F)	Birthdate	Grade in School	Medical Information / Allergies	Special Concerns (i.e. fears, anxieties, traits)	
/					
/					
/					
/					
Doctors Name: Phone:					
Other persons authorized to pick up my child in an emergency:					
Name: Relationship to Child					
	Relationship to Child				
Release & Waiver I by my signature represent that I am the parent/guardian of the children listed above and give any and all Christ Church Fox Chapel approved adult volunteers, staff & contracted workers permission to treat my child/children for minor injuries and if need be to provide for emergency medical care in the event that I cannot be located immediately.					
I also agree that I will indemnify and hold harmless Christ Church Fox Chapel and such adult volunteers, staff and contracted workers for any accident, injury or expense arising from or related to negligence with the exception of any acts of gross negligence or willful misconduct on the part of the Releasees that may occur in the church building or on its premises.					
Supervision of Children The staff, volunteers and contracted workers of Christ Church Fox Chapel are responsible for children only while signed in to a Children's Ministry Program. I understand that once children are signed out of any Children's Ministry program, they must remain under the supervision of their parent/guardian.					
Photo & Video Release Throughout the church year, your child may be recorded and/or photographed. These items may be publically displayed. Children's photographs may appear in print media and/or electronically on the church website.					
If you object to such publication, you must file a written objection. Christ Church Fox Chapel will not deliberately publish your child's image if you have file a written objection, and will make a reasonable effort to avoid publication					

Parent/Guardian Signature: _____ Date: ____

by any third party.