

Family Registration & Release Form 2022/2023



* = Required Information for Nursery- 5th Grade

Parent/Guardian Name*: _____

Parent/Guardian Name*: _____

Email Address*: _____ Cell Phone*: _____

Street Address*: _____

City*: _____ State*: _____ Zip*: _____

1st Child

Child's Name*: _____

Child's Date of Birth*: _____ Age*: _____ Current Grade*: _____ Gender*: M F

Allergies or other Special Needs?*: _____

2nd Child

Child's Name*: _____

Child's Date of Birth*: _____ Age*: _____ Current Grade*: _____ Gender*: M F

Allergies or other Special Needs?*: _____

3rd Child

Child's Name*: _____

Child's Date of Birth*: _____ Age*: _____ Current Grade*: _____ Gender*: M F

Allergies or other Special Needs?*: _____

4th Child

Child's Name*: _____

Child's Date of Birth*: _____ Age*: _____ Current Grade*: _____ Gender*: M F

Allergies or other Special Needs?*: _____

5th Child

Child's Name*: _____

Child's Date of Birth*: _____ Age*: _____ Current Grade*: _____ Gender*: M F

Allergies or other Special Needs?*: _____

OTHER EMERGENCY CONTACT:

In the case of an emergency and if the parents or guardians listed above cannot be reached in a reasonable period of time, the individuals listed below may be contacted, given notification of the emergency, and be authorized to provide instructions for actions to be taken.

Contact's Name*: _____

Home Phone*: _____ **Cell Phone*:** _____

Relationship to Child*: **Relative** **Friend**

RELEASE OF LIABILITY:

I acknowledge and understand there are inherent risks associated with many Image Church activities. I will assume the risks associated therewith, whether known or unknown to me at this time. I recognize that my child's attendance at an Image Church sponsored event is a privilege and as a consideration for this privilege, I release Image Church, including its employees, agents and trustees, from responsibility for my child's accidental physical injury, including death or illness while at a sponsored trip or activity or during travel to and from events. This release is intended to include all claims made by my family, estate, heirs, personal representatives or assigns.

Parent Initials

MEDIA CONSENT:

I hereby grant permission to Image Church the right to take, use, reproduce, and/or distribute photographs, films, video, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Image Church.

Parent Initials

FIRST AID AND EMERGENCY MEDICAL TREATMENT:

I recognize that there may be occasions where the child(ren) named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Image Church to seek and secure any needed medical attention or treatment for the child(ren) named above, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this medical treatment. I also give permission for attending physician(s) and other medical personnel to administer any needed medical treatment and again, I agree to pay for the medical treatment.

Parent Initials

AUTHORIZATION TO PARTICIPATE:

I represent that I am the parent/ guardian of above named child(ren). I have read the above form and am fully aware of the contents thereof. I give permission for the above named child(ren) to participate in the activities of Image Church, including any special events. I consent on behalf of the above named child(ren) to the Emergency Treatment Authorization and other agreements as indicated above. Furthermore, I understand that my signature below certifies that the information contained herein is accurate and truthful.

Signature of Parent: _____ **Date:** _____

Is there anyone who SHOULD NOT pick up your children? _____

Please list any other information that we should know about your children:

