### Children’s Ministry Registration and Consent Form

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Trinity Bible Church. Any medical information collected here serves to authorize Trinity Bible Church, and its staff and volunteers, to obtain medical assistance in emergencies.

**For the school year 2016 / 2017**

I am registering for these programs:

* 9 a.m. Fusion (Sundays 9 – 10:00 a.m.)
* Upstreet (Sundays 10:15 – 11:30 a.m.)
* Thursday Night Fun (Thursdays 6:30 – 7:30 p.m.)
* Community Children’s Choir (Thursdays 6:30 – 7:30 pm)

In the case of custody agreements, please include the proper form authorizing Parental contacts.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in Sept. \_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Work or Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of an emergency, contact**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that

staff should be aware of? ❑ Yes ❑ No

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is your Child bringing any medication with him/her? ❑ Yes ❑ No

If yes, please list.

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The safety of your Child is our primary concern. Precautions will be taken for their well-being

and protection.

I/we, the Parents or guardians named below, authorize the camp nurse or one of Trinity Bible Church Program Personnel to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Trinity Bible Church, and its Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Trinity Bible Church, as well as of any medical treatment authorized by the supervising individuals representing the Trinity Bible Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Trinity Bible Church.

**Photos**

Please sign below to grant permission for the reasonable use of pictures containing your

Child in any or all of the following ways:

❑ Brochures/Promotional material

❑ Trinity’s Website/Facebook page

❑ Display at Trinity Bible Church

**Purposes and Extent**

Trinity Bible Church is collecting and retaining this personal information for the purpose of enrolling your Child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your Child, and to inform you of program updates and upcoming opportunities at our Trinity Bible Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Trinity Bible Church to limit the information collected, or to view your Child’s information, please contact us.

I have read, understood and agree with the above.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Would you be interested in helping with any of our Children’s Ministry programs? ❑ Yes ❑ No