

PLCPC Children's Ministries Registration (Nursery - 6th Grade)

Sunday School, Route 56, Child Care, Kids Club

Children Registering	<u>Age</u>	Grade	School	
Full Name Birthday				
	 			<u>Allergies</u>
				·
	 			·
<i>Family Information</i> Mother's Name:				
			Cell Phone:	
Father's Name:			Cell Phone:	
Email Address:				
Home Address:				
City:	 0		_ .	
	State:		Zip:	

CONTINUED ON THE BACK

Emergency information			
Emergency Contact	Phone		
Emergency Contact	Phone		
Persons Authorized to Pick Up Child, Other Than Parent/Guardian			
Name	Phone		
Name	Phone		
Medical/Dental Emergency Treatment			
If the stated minor(s) is/are in an emergency situation, and I or my emer phone in a timely manner, I hereby authorize as my agent, under the provision, any teacher, volunteer, adult advisor, or employee of Point Loexam, anesthetic, medical or surgical diagnosis or treatment or hospital special supervision and upon the advice of a physician and surgeon lice consent to an x-ray exam, anesthetic, dental or surgical diagnosis or tredentist licensed under the provisions of the Dental Practice Act.	ovisions of California Ci oma Community Presby care to be rendered to ensed under the provision	vil Code Section 25.8, or any terian Church, to consent to a the minor(s) under the genera ons of the Medical Practice A	successor an x-ray al or ct or to
Parent/Guardian signature	Date	Medical	
Information			
I understand and acknowledge that my failure to disclose relevant informindemnify and hold harmless the Point Loma Community Presbyterian Counteers, teachers, and other agents from any claims I may make for of third parties whose injury or death of such minor(s) have contributed such information. I represent and warrant that I have provided all materiminor(s)' medical, mental and physical conditions, in view of such minor information is complete and accurate.	Church and its affiliates, personal injuries or dea to or caused as a result ial and important inform	employees, independent cor th of such minor(s) and from of such minor(s) failure to di ation to the Church pertaining	ntractors the claims isclose any to such
Parent/Guardian signature	Date	Parental	
Consent for Participation			
As parent or legal guardian of the minor child(ren) listed herein, I hereby the events or activities organized or sponsored by, and attended by, advanch Children's Ministries Programs. It is specifically understood that held at the church. I hereby release and waive all claims actions, and caminor(s), might otherwise have against the Church, any member of the participation that may arise out of or from any physical, emotional or me or activity not caused by the negligence or willful act of such party.	ult advisor(s) of the Poir this consent and author auses of actions which I Church staff, volunteers	nt Loma Community Presbyte ization relates and extends a , as parent or guardian of suc , advisors or other persons h	erian activities ch elping or
Parent/Guardian signature	Date		
Publicity			
I understand that television and radio stations, newspapers and other m permission for my child(ren) to be photographed and/or interviewed by sphotographs to be distributed or broadcast to the general public. In addiused in any brochures and informative publications or church operated public. This pertains to video recordings also. All attempts will be made	such media, and I grant ition, I grant permission websites describing the	permission for such interview for photographs of my child (r Church which may be distrib	vs and/or ren) to be
Parent/Guardian signature	Date		
Additional Comments or Notes (Include any allergies)			