

FSJEM Children's and Youth Ministry Registration Form



Date (YYYY/MM/DD): / /	Notes (church office use) :
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I. Parent / Legal Guardian Information			
Name of Parent / Guardian:		Relationship to Child:	
Address:	City:	Province:	Postal Code:
Home Phone:	Cell Phone:	Email Address:	
Do you attend a church?			
<input type="checkbox"/> FSJ Evangelical Mission <input type="checkbox"/> No <input type="checkbox"/> Other (please specify) _____			

II. Emergency Contact (other than parent / legal guardian listed above)		
Emergency Contact 1:	Phone:	Relationship to Child:
Emergency Contact 2:	Phone:	Relationship to Child:

III. Child Information				
Name of Child #1:	Birth Gender:	Age:	Grade:	Birthdate (YYYY/MM/DD):
	M F			/ /
Allergies, including medication, (state none if none) or special information (medications, activity restrictions):				
Please indicate all that apply: <input type="checkbox"/> Children's Church (Age 2-6) <input type="checkbox"/> Sunday School (Age 2-Gr. 9) <input type="checkbox"/> Mid-Week Kids (Age 2 - Gr. 6) <input type="checkbox"/> Youth (Gr. 7-12)				
Name of Child #2:	Birth Gender:	Age:	Grade:	Birthdate (YYYY/MM/DD):
	M F			/ /
Allergies, including medication, (state none if none) or special information (medications, activity restrictions):				
Please indicate all that apply: <input type="checkbox"/> Children's Church (Age 2-6) <input type="checkbox"/> Sunday School (Age 2-Gr. 9) <input type="checkbox"/> Mid-Week Kids (Age 2 - Gr. 6) <input type="checkbox"/> Youth (Gr. 7-12)				
Name of Child #3:	Birth Gender:	Age:	Grade:	Birthdate (YYYY/MM/DD):
	M F			/ /
Allergies, including medication, (state none if none) or special information (medications, activity restrictions):				
Please indicate all that apply: <input type="checkbox"/> Children's Church (Age 2-6) <input type="checkbox"/> Sunday School (Age 2-Gr. 9) <input type="checkbox"/> Mid-Week Kids (Age 2 - Gr. 6) <input type="checkbox"/> Youth (Gr. 7-12)				
Name of Child #4:	Birth Gender:	Age:	Grade:	Birthdate (YYYY/MM/DD):
	M F			/ /
Allergies, including medication, (state none if none) or special information (medications, activity restrictions):				
Please indicate all that apply: <input type="checkbox"/> Children's Church (Age 2-6) <input type="checkbox"/> Sunday School (Age 2-Gr. 9) <input type="checkbox"/> Mid-Week Kids (Age 2 - Gr. 6) <input type="checkbox"/> Youth (Gr. 7-12)				

(more information on reverse)

IV. Parent / Legal Guardian Consent Agreement

I, for myself, my minor child / children, and for the child's / children's other parent and/or guardian . . .

Release of Liability:

. . . hereby release, waive, discharge, and covenant not to sue Fort St. John Evangelical Mission; and its officers, directors, employees, agents, volunteers, congregants, heirs, and assigns (hereafter referred to as "the church") from all liability, loss, claims, demands, possible causes of action, court costs, attorneys' fees and other expenses arising from any lawsuit that may otherwise occur from any loss, damage or injury to my child's / children's person or
_____ property in any way resulting from or connected with my child's / children's attendance and participation in any programs, events, or activities sanctioned, organized, or conducted by the church (hereafter referred to as "church programs"), including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons.

Photo & Video Consent:

. . . give permission for the church to photograph or videotape my minor child / children during church programs. I understand that these photos and videos, along with my child's / children's
_____ first name, could be used use in brochures, newsletters, and webpage as well as other forms of audio, video, and print media.

Consent to Medical Treatment:

. . . in the event my child becomes ill or injured, give permission for a representative of the church to take whatever steps are reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to render emergency first aid to my child / children. I also consent to such emergency medical
_____ treatment as may be reasonably necessary to insure the health and welfare of my child / children including; but not limited to, x-rays, anesthetic, medical or surgical diagnosis and treatment, hospital care, and administration of drugs or medicine under the care of a licensed physician and/or surgeon.

Consent to Leave the Church Premises and Provide Transportation:

. . . give permission for my child / children leave the church premises, or meet at an alternate location under the supervision of an approved adult for the purpose of attending and participating in a church program. This includes walking or to ride in any vehicle driven by an
_____ approved adult (over the age of 21) while attending and participating in church programs. My child / children and I understand that seat belts shall be worn at all times during transportation.

As indicated by my initials for each of the above items, and my signature below, all the information I have provided is accurate and I have read and understood the above Parental Consent Agreement in its entirety and hereby consent to allow my child / children to participate fully in Fort St. John Evangelical Mission church programs. This agreement shall be in effect from September 1, 2021 through August 31, 2022, unless terminated in writing.

_____/_____/_____
Print Name Signature Date (YYYY/MM/DD)