

CHILDREN'S MINISTRYFamily Registration Form

NURSERY | KIDSQUEST | CLUBS

PARTICIPANT(S) INFORMATION										
CHILD 1 — NAME:] MALE	[] FEM	ALE	GRADE:	AGE:
Date of Birth (mm/dd/yyyy):				CareCard	#:					
Church:				School:						
Health condition/allergies to be	e aware of:									
Please circle all that apply:	NURSERY	KI	DSQU	IEST		**CLUBS	[]\$50	[] \$30 i	f parent is a volu	ınteer
CHILD 2 — NAME:					[] MALE	[] FEM	ALE	GRADE:	AGE:
Date of Birth (mm/dd/yyyy):				CareCard	#:					
Church:				School:						
Health condition/allergies to be	e aware of:									
Please circle all that apply:	NURSERY	K	IDSQ	JEST	1	**CLUBS	[]\$50	[]\$30	if parent is a vol	unteer
CHILD 3 — NAME:					[] MALE	[] FEM	ALE	GRADE:	AGE:
Date of Birth (mm/dd/yyyy):				CareCard	#:					
Church:				School:						
Health condition/allergies to be	e aware of:									
Please circle all that apply:	NURSERY	KI	DSQU	IEST		**CLUBS	5 []\$50	[]\$30	if parent is a vo	lunteer
CHILD 4 — NAME:					[] MALE	[] FEM	ALE	GRADE:	AGE:
Date of Birth (mm/dd/yyyy):				CareCar	d #:					
Church:				School:						
Health condition/allergies to be	e aware of:									
Please circle all that apply:	NURSERY	K	IDSQ	JEST	ı	**CLUB	S []\$50	[]\$30) if parent is a vo	olunteer
PARENT/GUARDIAN INFORMATION										
Guardian Name:						Guardian N	lame:			
Cell Phone:						Cell Phone:				
Home Phone (if different):						Home Phone	(if different):		
Parent/Guardian E-mail:						Parent/Guard	dian E-mail:			
Address:										
City:						Province:		Postal	Code:	
Participant Lives With: [] B	oth Parents []	Mother	[] Fa	ther [] Oth	er:				
** If finances are an issue, please contact Jeremia jradvanszky@southabbotsford.com. We want to ensure your child is able to attend! **										

>>>>>>> PLEASE MAKE SURE BOTH SIDES ARE COMPLETED <<<<<<<<

WAIVER & INDEMNITY AGREEMENT 2016/2017

		- AURENIANT AUREEMENT EUTO, EUT						
	EMERGENCY CONTAC	Т						
Name of contact not residing w	rith you:	Primary Phone #:						
Address:		Relationship:						
City:	Province:	Postal Code:						
	MEDICAL INFORMATION	N						
Family Doctor:	Phone #:							
● PLEASE READ CAREFULLY ● BY SIGNING THIS FORM YOU MAY GIVE UP CERTAIN LEGAL RIGHTS CONSENT OF PARENT/GUARDIAN IS REQUIRED FOR ANY PARTICIPANT WHO IS NOT 18 YEARS OF AGE OR OLDER								
If the Participant is under eighteen (18) years of age, in consideration of the Participant being permitted to engage and take part in Children's Ministry (Nursery, KidsQuest, Clubs) being offered, carried on, sanctioned, or sponsored by South Abbotsford Mennonite Brethren Church (the "Church"), the undersigned parent or guardian of the Participant hereby releases and undertakes and agrees to save harmless and keep indemnified the Church, its principals, officers, agents, officials, servants, organizers, and representatives from and against all claims, actions, costs and expenses and demands whatsoever in respect of death, injury, loss or damage to the person or property of the Participant, howsoever caused, regardless of whether same may have been contributed to or occasioned by the negligence of the Church, its principals, officers, agents, officials, servants, organizers, and representatives. The parent/guardian and the Participant understand and agree that the activities involved in Children's Ministry (Nursery, KidsQuest, Clubs) may include, but are not limited to active worship, games, Bible teaching, activities off the church campus including transportation to and from the alternate location. The parent/guardian and the Participant understand and agree that participation in these activities may involve an inherent danger and it is not possible to make these activities completely safe or free from risk. The parent/guardian and the Participant willingly accept all the risks and dangers therein. They also agrees that in the event of a medical emergency permission is granted to the Church and the Church's leaders to authorize necessary emergency treatment for the Participant, and that all costs and expenses incurred in connection with such medical treatment will be the responsibility of the Participant and their parent/guardian. It is hereby acknowledged and agreed that the contents hereof are fully understood by the Participant (and parent/guardian) who agree(s) that same shall be binding upon (his/her/th								
For upcoming events our main form of communication is email. Please like us on Facebook, follow us on Instagram, or check the website for up-to-date happenings for Children's Ministry! South Abby Kids Southabbotsford.com/children								
PHOTOGRAPHIC PERMISSION: I hereby grant permission to the leaders and teachers in the Children's Ministry, KidsQuest AND/OR Clubs of South Abbotsford Mennonite Brethren Church to photograph and/or video record my child for program and general church use including, but not limited to, highlight videos, photo directories and website galleries. YES: [] NO: [] INITIAL:								
The undersigned acknowledge that they have read, understand and agree to the foregoing. This signature will be valid for <u>ALL</u> Church facilitated, sponsored, and organized events related to Children's Ministry from September 1, 2016 to August 31, 2017.								
X		Guardian Name (Printed)						
For Office Use Only: Cheque: \$	Debit: \$							
>>>>>>>	>>>>> PLEASE MAKE SURE BOTH SIDES ARE	COMPLETED <<<<<<<						