



Sundays 10:00 am – 11:30 pm

### Registration Form 2016-17

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Postal Code \_\_\_\_\_

Address is \_\_\_ family home \_\_\_ group home \_\_\_ other (check one)

Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Other Phone Numbers in Case of Emergency \_\_\_\_\_

Alternative Contact Person \_\_\_\_\_

Phone Number for Alternative Contact Person \_\_\_\_\_

#### **Security Measures\***

Names of persons who may bring or pick up this friend: \_\_\_\_\_

Names of persons who may not have access to this friend: \_\_\_\_\_

\*Parent(s)/legal guardian(s) will notify the Friendship director in writing if and when these security measures change.

#### **Other Information**

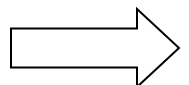
Allergies or Physical Limitations: \_\_\_\_\_

Special Instructions for Handling Allergies or Physical Limitations: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Behavioral Concerns: \_\_\_\_\_

Special Interests (favorite activities, places, and so on): \_\_\_\_\_



**Protecting Your Personal Information**

Your child's health information is collected in case of a health emergency and to ensure the safety and well-being of each person involved in our program. This information will only be seen by our staff and will be kept in a secure place.

**Medical and Photography Authorization:**

I hereby authorize the staff of Friendship Ministries at Steele Heights Baptist Church to make any and all decisions regarding the emergency treatment of my child (ren). I also understand they retain the right to use for publicity and advertising purposes, photographs of children taken at church. Child's names will not be used with photos.

I/We, the parents or guardians named above, authorize the ministry staff of Steele Heights Baptist Church to sign a 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 above, undertake and agree to indemnify and hold blameless the ministry staff, Steele Heights Baptist Church, its pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Steele Heights Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Steele Heights Baptist Church.

**Purposes and Extent:**

Steele Heights Baptist 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 church. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish Steele Heights Baptist Church to limit the information collected, or to view your child's information, please contact us.

I \_\_\_\_\_ parent/guardian have read, understand, and agree with the above and hereby release and discharge all parties associated with this Friendship Ministries program at Steele Heights Baptist Church from any and all claims, demands, actions, and cause of action that I/my child (ren) incurs.

Printed Name: (Parent/Guardian) \_\_\_\_\_

Signature: (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_