



## Dream team for Girls Grades 3-8 Registration Form 2017-18

Child's Name: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Fall 2017: \_\_\_\_\_  
Allergies or other medical conditions: \_\_\_\_\_

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Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Fall 2017: \_\_\_\_\_  
Allergies or other medical conditions: \_\_\_\_\_

Family Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Family E-mail: \_\_\_\_\_

### **Dismissal from program:**

Upon weekly dismissal of this program, I hereby give permission for release of my children to the following people: \_\_\_\_\_

In the case of custody issues, please DO NOT release my children to the following people:  
\_\_\_\_\_

### **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 DREAM TEAM 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 Dream Team 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 Dream Team 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 DREAM TEAM 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: \_\_\_\_\_

**GRADES 4-8 ONLY:** Upon weekly dismissal of this program, I give permission for my child(ren) to be released on their own without my parental supervision. I understand that once my child is released from the room, the staff of DREAM TEAM will not be responsible for their care or well-being.

**Names of children who can be release on their own:** \_\_\_\_\_

**Parent Signature for independent release only:** \_\_\_\_\_

**Date:** \_\_\_\_\_