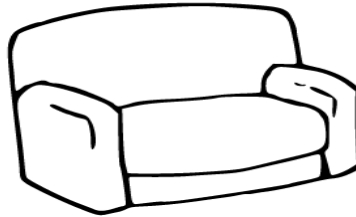


The Living Room Registration Form



THE LIVING ROOM

Family Information

Parent/Guardian Names:

Address:

Postal Code:

Home Phone:

Cell Phone 1:

Cell Phone 2:

Email 1:

Email 2:

Child information

Child's Name:

Date of Birth:

Sex Female Male

Grade Fall 2022: Grade 5 Grade 6

Allergies or other medical conditions:

Signing Child Out of The Living Room

My child MAY be signed out by the following people

My child MAY NOT be signed out by the following people

My child may sign themselves out without parental supervision. I understand that once my child is released from the classroom, the staff of The Living Room will not be responsible for his/her care or well-being.

- Yes, my child MAY sign him/herself out of The Living Room.
- No, my child MAY NOT sign him/herself out of The Living Room.

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 Authorization:

I hereby authorize the staff of Power Up at Steele Heights Baptist Church to make all decisions regarding the emergency treatment of my child.

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, the parent(s)/guardian(s) 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 are effective only when participating in or traveling to events of the Steele Heights Baptist Church.

Photography Authorization:

I understand Steele Heights Baptist Church 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.

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/We, the parent(s)/guardian(s) named above, acknowledge that I/we have read, understand, and agree with the above statements and hereby release and discharge all parties associated with The Living Room program at Steele Heights Baptist Church from all claims, demands, actions, and cause of action that I/my child incurs.

Parent/Guardian Signature _____ Date _____