

Children's Ministry Family Registration

Family# _____
<small>for office use only</small>



Regular / Visitor (circle one)

I hereby acknowledge that my child/ren listed below is/are under the age of 12 years & that he/she/they will voluntarily participate in Sevenoaks Alliance Church (SAC) activities throughout the ministry year from September 1 to August 31. These activities may take place at SAC or at other offsite locations. I understand that my child/ren's participation in any or all of these activities may have undesired & unanticipated consequences.

I hereby voluntarily agree to allow my child/ren to participate in these activities & understand that by doing so I am exposing my child/ren to inherent risks & hazards. I agree to accept all risks & hazards & to be responsible for any injury or loss which may occur as a result of participating.

Personal information collected on this form is for SAC ministry use only.

Name/s of Parent/s or Guardian/s _____

Home Address _____
apt/ste# house number & street name city postal code

Phone (____) _____ Email _____

Cell1 (____) _____ (Dad / Mom) Cell2 (____) _____ (Dad / Mom)

List all children being registered: (0-12yrs/Gr5 only)

Child's Name	Birthdate <small>(mm/dd/yyyy)</small>	Age/Grade <small>(in Spt 2016)</small>	Medical Notes/Special Instructions
--------------	------------------------------------------	-------------------------------------------	------------------------------------

Ministries with children require lots of help. Responsible adults & teens, who have attended SAC regularly for 6 months, are welcome to apply & will be screened prior to serving.

Are you available to help in Children's Ministries? Yes / No (circle one)

Preferences (if any) _____

Please read & sign Consents & Permissions on reverse

PHOTO PERMISSION

I hereby authorize Sevenoaks Alliance Church (SAC) to use media images of my child/ren for the purposes of promotional materials, newsletters, videos & websites. (circle one) **Yes / No**

DROP OFF & PICK UP ACKNOWLEDGMENT

I acknowledge that it is the sole responsibility of the parent/guardian to drop off & pick up the child/ren listed on the reverse, age 6 months to Grade 3, promptly before & after Sevenoaks Kids events.

(circle one) **Yes / No / N/A** (Not Applicable)

I give consent to the child/ren listed on the reverse, in Grade 4 or 5, to sign him/herself in & out of Sevenoaks Kids events. I understand that, as the parent/guardian, I am responsible for my/our child/ren when he/she is not in Sevenoaks Kids care.

(circle one) **Yes / No / N/A** (Not Applicable)

MEDICAL CONSENT

I acknowledge that if a medical emergency involving my/our child/ren listed on the reverse occurs while participating in a Sevenoaks Alliance Church (SAC) activity, every reasonable attempt will be made by SAC representatives to contact me prior to seeking medical treatment on their behalf.

If I cannot be contacted, I hereby authorize SAC representatives to act on my/our behalf in seeking medical treatment. I also authorize certified health care professionals to administer medical treatment appropriate to the injuries or the illness of my/our child/ren. I am aware that British Columbia has an Infants Act which in some circumstances will give decisional rights to my/our child/ren with regards to their health care.

I release & forever discharge SAC & all affiliates, members, directors, officers, leaders, agents, volunteers & employees from any & all actions, causes of action, suits, claims, demands & liabilities, including negligence & expenses that I have now or may have in the future in connection with, arising from or related to liability as a result of acting on the authorization granted by me to seek emergency medical treatment for my/our child/ren.

Signature of Parent/Guardian

Name of Parent/Guardian (please print)

Signature of SAC Representative

Name of SAC Representative (please print)

Today's Date

