

SMBC CHILDREN'S CHURCH

Registration Form

Shiloh Missionary Baptist Church

STUDENT INFORMATION

	Student(s) Name	DOB	Age	Grade
1				
2				
3				
4				
5				
6				

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email Address _____

Emergency Contact _____ Phone Number _____

Special Needs, Allergies or Medication being taken:

PHOTO RELEASE

I DO give permission for my child's picture to be taken for use in local newspapers, church newsletter, church website, etc.

I DO NOT give permission for my child's picture to be taken for use in local newspapers, church newsletter, church website, etc.

Parent/Guardian Name: PLEASE PRINT

Parent/Guardian Signature

Date

MEDICAL RELEASE

As the parent/guardian, I _____ do hereby authorize the treatment by a qualified and licensed medical doctor of the following minor(s) in the event of a medical emergency, which in the opinion of the attending physician may endanger the life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority, if granted, only after a reasonable effort has been made to reach me. I also release Shiloh Missionary Baptist church and all of its ministries of any liabilities for any accident incurred during any of the Children's Church Services or Activities.

Information of MINOR(s):

	Child(ren)'s Name	Relationship to Minor
1		
2		
3		
4		
5		
6		

This release will be used during the entire year for any Children's Church activities. This release form is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Signature:

Date:

Address of Parent/Guardian if different from MINOR(s)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____