

NEW GENERATION CHILDREN'S CHURCH
Registration Form
Shiloh Missionary Baptist Church
2009-2010

	Child's Name	DOB	Age	Grade
1				
2				
3				
4				
5				
6				

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell: _____

E-Mail Address: _____

Emergency Contact: _____ Phone Number: _____

Special Needs or Concerns:

Parent(s)/Guardian(s) Name:

Parent(s)/Guardian(s) Signature:

Date: _____

Children's Church Medical Release Form

As the parent or 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 the Shiloh Missionary Baptist Church and all of its ministries of any liability for any accident incurred during any of the Children's Church Services or Activities.

Information of MINOR:

	Child'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:
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Address of Parent/Guardian (if different from Minor's)	
Phone #:	Cell #:

Insurance and Medical Information:

Carrier:	I.D.#:	Group #:
Family Physician:	Phone #:	
Date of last Tetanus Shot: (if current – circle CURRENT)		
Special Allergies and other conditions:		

Other Contact in Case of Emergency:

Name:	Relationship:	Phone #:		
Address:	City:	St:	Zip:	