

West Zion Mennonite Church

Registration Form

Children's Programming

Child's Name: _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____ Birthday: _____

School: _____

Parent/Guardian Name(s): _____

Home Church: _____

Please list anyone other than yourself who is **authorized to pick up** your child from Children's Programming at West Zion:

Please list any **allergies or health considerations** of your child that we should be aware of:

Emergency Contact Information: _____

I/we, the parents or guardians named below, authorize one of the West Zion Mennonite Church Ministry Volunteers to sign a consent form 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 below, undertake and agree to indemnify and hold blameless the Ministry Volunteers, West Zion Mennonite 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 West Zion Mennonite 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 travelling to events of the West Zion Mennonite Church.

Please indicate using the boxes below to grant your permission for the reasonable use of pictures containing your child in any or all of the following ways:

Brochures/Promotional material Church Website Newsletters

West Zion Mennonite Church is collecting and retaining this personal information for the purpose of enrolling your child/youth 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 West Zion Mennonite Church to limit the information collected, or to view your child's information, please contact us.

Parent/Guardian Signature: _____ Date: _____ For the year(s): _____

I/we, _____ the parent(s) or guardian(s) of _____ verify that the information on this form remains unchanged and hereby authorize my/our child to participate in the above program and I/we also renew my/our authorization and consent concerning medical treatment, reasonable use of photographs, loss, damage &/or injury as stated above for the year(s) _____.

Printed Name of Parent(s)/Guardian(s): _____

Signature of Parent(s)/Guardian(s): _____ Date: _____

I/we, _____ the parent(s) or guardian(s) of _____ verify that the information on this form remains unchanged and hereby authorize my/our child to participate in the above program and I/we also renew my/our authorization and consent concerning medical treatment, reasonable use of photographs, loss, damage &/or injury as stated above for the year(s) _____.

Printed Name of Parent(s)/Guardian(s): _____

Signature of Parent(s)/Guardian(s): _____ Date: _____