

Smoky Mountain Kidz CHILDREN'S CHURCH REGISTRATION FORM



MOTHER/GUARDIAN:

Name: _____

Phone: _____

Email: _____

Street Address: _____

City/State: _____ Zip: _____

FATHER/GUARDIAN:

Name: _____

Phone: _____

Email: _____

CHILD 1:

First Name: _____ Last Name: _____

Age: _____ Date of Birth: ___/___/___ Grade In School: _____

CHILD 2:

First Name: _____ Last Name: _____

Age: _____ Date of Birth: ___/___/___ Grade In School: _____

CHILD 3:

First Name: _____ Last Name: _____

Age: _____ Date of Birth: ___/___/___ Grade In School: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

Relationship to Child(ren): _____

MEDICAL INFORMATION:

Allergies/Special Health Considerations: _____

Hospital/Clinic Preference: _____

Physician's Name: _____ Phone #: _____

PLEASE TURN OVER →

(ONE FORM MUST BE FILLED OUT FOR EACH CHILD)

MEDICAL RELEASE:

I recognize that SMCC staff and volunteers will not administer any medications, and will only perform basic first aid.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Child's Name: _____

Parent/Guardian's Signature: _____

Date: _____

PHOTOGRAPHY RELEASE:

I am aware that photographs or video may be taken of Smoky Mountain Kidz Ministry participants during events, activities, and classes by SMCC staff members, professional photographers, or volunteers. I also understand that my child is not required to have his/her picture taken.

I waive the right to see or approve any publications that contain photographs of my child.

I give SMCC permission to use photographs or video that include my child in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters both print and email, posters, brochures, ads, post cards and web pages.

_____ Yes, I agree to the Photography Release

_____ No, I do not agree to the Photography Release

Child's Name: _____

Parent/Guardian Signature: _____

Thank you for allowing your child to be a part of Smoky Mountain Kidz!

Please return form to a Smoky Mountain Kidz Volunteer.