

SGCC "FRIENDS NIGHT" PARTICIPANT INFORMATION 2018-19

**CHILD INFORMATION (May use a single form for all children in the family enrolling in Friends Night)**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Siblings in Youth Group: \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

As the parent(s)/legal guardian(s) of: \_\_\_\_\_

Print first and last name of child

I have authorized the above individuals to pick up my child. Therefore, I release the Spring Green Community church and its representatives, volunteers, and other agents from any and all responsibility and legal liability for loss, damage, or injury to the person or property of the above named person.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**



**GRANT OF PERMISSION AND MEDICAL AUTHORIZATION FOR  
SPRING GREEN COMMUNITY CHURCH MIDWEEK CHILDREN'S MINISTRY**

As the parent(s)/legal guardian(s) of: \_\_\_\_\_

Print first and last name of child

I/We have full legal right and capacity to execute this document on behalf of my/our minor child named above.

I/We hereby give permission for said child to participate in the following event(s), including vehicle travel, sponsored by the Spring Green Community Church for the 2018-2019 ministry year.

In the event medical/dental care is required for my child, reasonable efforts shall be made to contact me as soon as possible by calling the following telephone number(s): \_\_\_\_\_,

Or by contacting this person: \_\_\_\_\_

at this telephone number: \_\_\_\_\_. If contact cannot be made, or if there is a medical emergency, I/We hereby authorize treatment of said child by a qualified and licensed doctor/dentist. An emergency is defined as an injury, illness, or physical condition which, in the opinion of the attending doctor/dentist, may endanger my child's life, or cause disfigurement, impairment, or undue discomfort if delayed. My signature below further indicates my willingness to take full financial responsibility for any medical/dental or other expenses incurred by or on behalf of said child.

Claims may be submitted to my insurance carrier:

Policy number: \_\_\_\_\_.

My family physician and clinic:

\_\_\_\_\_.

Telephone number: \_\_\_\_\_.

My child has the following specific allergies, chronic illnesses, injuries, or other medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We hereby release and agree to hold harmless Spring Green Community Church from any claims, responsibility, or liability for decisions or actions taken pursuant to this grant of Permission and Medical Authorization.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

**Photo Release**

I am aware that photographs or video may be taken of Spring Green Community Church (SGCC) Children's Ministry participants during events, activities, and classes by SGCC staff members, professional photographers, news media or volunteers. I give SGCC and its representatives 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 in print and email, posters, brochures, ads, post cards and web pages.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date