



FAMILY MINISTRY REGISTRATION FORM

PARENT/GUARDIAN INFORMATION

(PLEASE USE CAPITAL)

Full Name (Mother)

Full Name (Father)

Address : _____ Zip code _____

Phone Number # 1 : _____ E-Mail : _____

Phone Number #2 : _____ PHONE CARRIER : (AT&T, Verizon, etc.) _____

Status : ☐ Single ☐ Married ☐ Divorce ☐ Others

Authorized person to pick up child
(must be 18 years of age or older) :

☐ Aunt/Uncle ☐ Grandparent ☐ Other _____

Are there any custodial information that we should be aware of? If so, please list below:

Note : _____

FIRST CHILD'S INFORMATION

Child's Name : _____ Date of Birth : _____ Grade in School : _____

Medical History

- Allergies _____
- Are there any special needs/considerations that we need to be aware of?

- Is your child taking any medication? If yes, please list medication below and reason for medication.

☐ Yes ☐ No

SECOND CHILD'S INFORMATION

Child's Name : _____ Date of Birth : _____ Grade in School : _____

Medical History

- Allergies _____
- Are there any special needs/considerations that we need to be aware of?

- Is your child taking any medication? If yes, please list medication below and reason for medication.

☐ Yes ☐ No

ADDITIONAL CHILDREN'S INFORMATION

Child's Name : _____ Date of Birth : _____ Grade in School : _____

Medical History

- Allergies _____
- Are there any special needs/considerations that we need to be aware of?

- Is your child taking any medication? If yes, please list medication below and reason for medication.
☐ Yes ☐ No

ADDITIONAL CHILDREN'S INFORMATION

Child's Name : _____ Date of Birth : _____ Grade in School : _____

Medical History

- Allergies _____
- Are there any special needs/considerations that we need to be aware of?

- Is your child taking any medication? If yes, please list medication below and reason for medication.
☐ Yes ☐ No

ADDITIONAL CHILDREN'S INFORMATION

Child's Name : _____ Date of Birth : _____ Grade in School : _____

Medical History

- Allergies _____
- Are there any special needs/considerations that we need to be aware of?

- Is your child taking any medication? If yes, please list medication below and reason for medication.
☐ Yes ☐ No

ADDITIONAL CHILDREN'S INFORMATION

Child's Name : _____ Date of Birth : _____ Grade in School : _____

Medical History

- Allergies _____
- Are there any special needs/considerations that we need to be aware of?

- Is your child taking any medication? If yes, please list medication below and reason for medication.
☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION

Name : _____

Phone number : _____

Relation to child : _____

OTHER INFORMATION

☐

By checking this box, I understand that photos of my child may be taken during this activity for display at our church.

CONSENT TO TREAT AND RELEASE OF LIABILITY

In consideration for being accepted by Calvary Chapel of Oxnard for participation in our **Children's Ministry, Junior High, and High School programs**, we (I) being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless **Calvary Chapel of Oxnard** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant (s) that occur while said child(ren) is participating in the above described activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him or her to participate fully in our Family Ministry - Children's, Junior High, and/or High School program, and the activities done there, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Signature: _____

Parent or Guardian

Date: _____

OFFICE USE ONLY

Date : _____

Service Time ☐ 9:00 AM ☐ 10:45 AM

Processed by : _____

☐ WEDNESDAY NIGHT

Staff Name : _____

Staff Signature : _____