



## Registration Form

# Christian Service Brigade and GEMS 2017/18

All information gathered will be protected under the privacy provision of the *Freedom of Information and Protection of Privacy Act (FOIPP)* and will be used for ministry purposes only.

Family Information	Family Last Name: _____ Address: _____ City: _____ Postal Code: _____ Home Ph: _____ Other Phone: _____ Email: _____ Mother's First Name: _____ Last _____ Father's First Name: _____ Last _____
Emergency Information	Name: _____ Relationship: _____ Address: _____ City: _____ Postal Code: _____ Home Ph: _____ Other Phone: _____
Child #1	First Name: _____ Last: _____ Grade: _____ Birthdate: Month _____ Day _____ Year _____ Shirt Size _____ Gender: Male / Female Does your child have any allergies, special needs, or self administered medications? Yes ___ No ___ Please explain: _____
Child #2	First Name: _____ Last: _____ Grade: _____ Birthdate: Month _____ Day _____ Year _____ Shirt Size _____ Gender: Male / Female Does your child have any allergies, special needs, or self administered medications? Yes ___ No ___ Please explain: _____
Child #3	First Name: _____ Last: _____ Grade: _____ Birthdate: Month _____ Day _____ Year _____ Shirt Size _____ Gender: Male / Female Does your child have any allergies, special needs, or self administered medications? Yes ___ No ___ Please explain: _____
Child #4	First Name: _____ Last: _____ Grade: _____ Birthdate: Month _____ Day _____ Year _____ Shirt Size _____ Gender: Male / Female Does your child have any allergies, special needs, or self administered medications? Yes ___ No ___ Please explain: _____

Child #5	First Name: _____ Last: _____ Grade: _____ Birthdate: Month _____ Day _____ Year _____ Shirt Size _____ Gender: Male / Female Does your child have any allergies, special needs, or self administered medications? Yes ____ No ____ Please explain: _____
Child #6	First Name: _____ Last: _____ Grade: _____ Birthdate: Month _____ Day _____ Year _____ Shirt Size _____ Gender: Male / Female Does your child have any allergies, special needs, or self administered medications? Yes ____ No ____ Please explain: _____

General Information	<p>We enjoy taking pictures/video to help promote our programs and to show others what happens in our Children's Ministry at First Baptist Church. To use videos or pictures which include your child(ren) for publicity or promotional purposes we need, and would like, your permission. Promotional material may range from presentations in our church, pamphlets, to public posters, or for use on a church web page. The statement below grants us that permission.</p>
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Additional Information	Please Specify: _____ _____ _____ _____ _____
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Liability Release: Must be signed by a parent	<p>I give permission to the staff and volunteers of First Baptist Church to take photographs and/or audio-video recordings of my child(ren) and for these photos and/or recordings to be used in the future promotion of First Baptist Church and her activities. (Photos will not be placed on Social Media)</p> <p>_____(Please Initial)</p> <p>"I/we will permit my/our information to be used for the First Baptist Church, Olds phone directory as well as other ministries of FBC."</p> <p>_____(Please Initial)</p> <p>Your child will be cared for as if he/she were our child. Every precaution is taken for the safety and good health of your child, but in the event of sickness, <b><u>First Baptist Church, Olds</u></b>, its staff, and its volunteers are hereby released from any liability.</p> <p><i>I have read and understand the above release and have filled out the above registration.</i></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 33%;">         _____          Parent/Guardian Name (Print)       </div> <div style="width: 33%;">         _____          Signature       </div> <div style="width: 33%;">         _____          Date       </div> </div>
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