

**JOY! Children's Choir
Registration Form**

Child's Name _____ Gender _____

Grade _____ Birthday _____

Address _____

City _____ Zip _____

Parent/Guardian _____

Child's e-mail _____

Parent(s) e-mail _____

Home Phone _____

Cell Phone _____

Parents' location during choir _____

Church child attends _____

Who usually brings this child to choir? _____

Any other persons authorized to retrieve child _____

Please proceed to page 2

PERMISSION TO PARTICIPATE, RELEASE, MEDICAL CONSENT AND PAYMENT OF EXPENSES

1. We/I, the undersigned parent(s) or legal guardian(s) of the Child identified in this Form, grant permission for the Child to participate in the program at Grace Community Church (the "Church"). We/I understand that the program includes Children's Choir.
2. We/I grant permission to the Church and its employees and agents to take the Child to a licensed physician for medical treatment, emergency surgery, or hospitalization if the Child becomes ill or sustains an injury or otherwise requires medical treatment or attention and the Church cannot contact me within a reasonable period of time. We/I give my consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain or to preserve the Child's life or health. We/I agree to assume the responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of the Child in the event the Child receives medical attention.
3. We/I understand that the Church may remove the Child from the program at any time without advance notice in its sole and absolute discretion; provided that removal must be in compliance with federal and state laws and regulations (to the extent they apply to the Church). If the Church determines that my child must be removed from the Activity and returned to us/me, we/I will accept a collect call and, if required, will arrange for his/her immediate transportation from the Activity, and pay or reimburse the Church for any and all associated costs.
4. We/I release and agree to hold harmless, defend and indemnify the Church and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or willful misconduct of the Church) that the Child or the Parent may suffer as a result of the Child's enrollment and/or participation at the Church.
5. Registration and participation in this event gives Grace Community Church permission to use photos or video taken at this event for publication and promotion purposes.

This document contains a release and waiver of liability. Please read carefully before signing.

Parent/guardian signature _____ Date _____

Medical Insurance Company _____ Phone _____

Policy Number _____ Policy Holder _____

Emergency Contact _____ Phone _____

Please identify any known health conditions of which the church should be aware. This may include, but not be limited to, allergies, current medications, and restrictions on play or physical activities.

Medically required dietary restrictions (see paragraph 2 this page)
