



Today's Date: _____

I am a: _____ First Time Guest
 _____ Attendee
 _____ Member

First Time Guest Registration Form

PLEASE PRINT CLEARLY (FRONT AND BACK)

1. Child's Full Name:			_____ Male _____ Female
Age:	Grade:	Birthday (mo/day/yr)	
Allergies/Health Concerns: (ex.: glasses, hearing aid, asthma, insect or food allergies, special needs, etc.)			
2. Child's Full Name:			_____ Male _____ Female
Age:	Grade:	Birthday (mo/day/yr)	
Allergies/Health Concerns: (ex.: glasses, hearing aid, asthma, insect or food allergies, special needs, etc.)			
3. Child's Full Name:			_____ Male _____ Female
Age:	Grade:	Birthday (mo/day/yr)	
Allergies/Health Concerns: (ex.: glasses, hearing aid, asthma, insect or food allergies, special needs, etc.)			

Your relationship to the child(ren) being signed in(Check ONE):

PARENT/GUARDIAN MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

Mother/Guardian's Name:			1 ST Time Guest?	Member?
Address:				
City:	State:	Zip:	Birthday (mo/day/yr)	
Best Contact #: ()		Email:		
Father/Guardian's Name:			1 ST Time Guest?	Member?
Address:				
City:	State:	Zip:	Birthday (mo/day/yr)	
Best Contact #: ()		Email:		

OTHER (specify aunt, uncle, friend, grandparent, etc.)

Responsible Party's Name/Relationship to child:			1 ST Time Guest?	Member?
Address:				
City:	State:	Zip:		
Best Contact #: ()		Email:		

Emergency Contact (Someone other than the person signing in the child):

Name/Relationship to child: _____ Best Contact Number: _____

PARENTS/GUARDIANS: PLEASE INITIAL AND SIGN THE BACK OF THIS FORM

Liability/Medical/Media Release (Initial each section and Sign)

Activities:

I authorize Minor(s) to attend and participate in activities offered by Faith Chapel, its representatives, and employees. I agree, individually and on the behalf of Minor(s), to release and to hold Faith Chapel harmless from any liability resulting from his/her participation in Faith Chapel activities. _____ Initial

Injuries:

In the event that Minor(s) are injured during the Faith Chapel activities, and I am unable to provide consent to his/her medical treatment, I authorize a Faith Chapel representative to consent on my behalf to the performance of any and all medical treatment judged necessary by Faith Chapel or authorized medical personnel. I agree, individually and on the behalf of Minor(s), to release and hold Faith Chapel harmless from and against any liability, which may be assessed against Faith Chapel as a result of said medical treatment. I agree to pay or arrange for payment for all cost associated with said medical treatment. _____ Initial

Photos/Videos:

I grant Faith Chapel, its representatives, and employees the right **and permission to publish, distribute and/or use photographs/video/audio of** any member of my family in the Faith Chapel Kids classroom and/or ministry environment. I authorize **such productions for use in its own media productions, through commercial media and/or online media**, in print and/or electronically – with or without names – for any lawful purpose or advertisement. _____ Initial

My signature below indicates that I have read and understand the above statement of release.

Parent/Guardian's Signature: _____

Today's Date: _____

Our Vision: We grow people up through God's Word to Just Be Worship, Word, and Witness.

Faith Chapel Kids
(205) 785-9673 or (205) 380-2990
www.faithchapel.net/kids