



# Child Registration Form

Date \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email address: \_\_\_\_\_

(primary address for receiving information for the family)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Any person NOT authorized to pick up my child(ren): \_\_\_\_\_ That person's relationship to child(ren): \_\_\_\_\_

### Photo Consent:

*I understand that pictures, video recordings, and audio recordings of my child(ren) may be made for use on Riverstone Church's website or other promotional materials.*

**I give my permission:** \_\_\_\_\_ YES \_\_\_\_\_ NO (PLEASE INITIAL)

By signing below, I acknowledge having read and understood both the above **Photo Consent** and **Release Statement** on the reverse side of this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian of above named child(ren))

Child's First Name:	Child's Last Name:	Birthdate:	Age:	Grade:	Gender:
<b>I am registering my child for Sunday Ministries:</b>					
Nursery _____		KidsWorship _____			
(0 – 3 years)		age 3 (and fully potty-trained) through 6 <sup>th</sup> grade			
Allergies/Special Needs:					

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Nursery _____		KidsWorship _____			
(0 – 3 years)		age 3 (and fully potty-trained) through 6 <sup>th</sup> grade			
Allergies/Special Needs:					

**\*\*ADDITIONAL SPACE FOR MULTIPLE CHILDREN PROVIDED ON THE REVERSE SIDE\*\***

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Nursery _____		KidsWorship _____			
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Allergies/Special Needs:					

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Allergies/Special Needs:					

**Release Statement (please sign on reverse page to acknowledge having read)**

- *By signing below, I, the parent/guardian of the below named minor child(ren), acknowledge and accept the risk of possible physical injury while my minor child(ren) is in the care of Riverstone Church.*
- *Further, to the fullest extent permitted by law, I release Riverstone Church, any and all of its representatives, from any injury, harm, damage, or death which may occur to my minor child(ren) while participating in the activities. I agree to save and hold harmless Riverstone Church, any and all of its representatives, from any claims arising out of my minor child's(ren's) participation in the activities.*
- *I, the parent/guardian, accept personal financial responsibility for any bodily or personal injury sustained during the time the child is in the care of Riverstone Church.*
- *If a dispute over this agreement or any claim for damages arises, I, the parent/guardian, agree to resolve the matter through a mutually acceptable arbitration process.*
- *In the event I cannot be reached in an emergency, I, the parent/guardian, give permission to a representative of Riverstone Church to act on my behalf in the best interest of my child(ren) and to make the decisions necessary for treatment.*
- *Should there be no Riverstone Church representative available, I give permission to the attending physician to treat my minor child(ren).*
- *As a parent or legal guardian, I understand that I am responsible for the healthcare decisions of my minor child(ren) and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child(ren).*
- *Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.*

