

CENTRAL BAPTIST CHURCH OF QUINCY, IL

Children's Ministry Release Form for Activities Effective September 1, 2009-August 31, 2010

Registration Information

Child's Name _____ Birth Date _____
Child's Home Address _____
Street/Apt. # _____ City _____ Zip Code _____
School Child Attends _____ Year in School _____ Age _____
Home Phone _____ Cell Phone _____

Medical Insurance Information

Medical Insurance Company _____ Policy # _____
Parent/Guardian _____ Phone _____ & _____
Home _____ Work _____
Emergency Contact _____ Phone _____ & _____
Home _____ Work _____
Physician _____ Phone _____

Medical History

Check the following areas of concern for this student.

1. For your child's safety and our knowledge, is your student:
_____ a good swimmer _____ a fair swimmer _____ not a swimmer _____ afraid of water
 2. Does your child have allergies to:
_____ pollens/dust _____ medications _____ food/nuts _____ insect bites _____ paint/fumes
 3. Does your child suffer from, or has even experienced, or is being currently treated for:
_____ asthma _____ epilepsy/seizures _____ heart trouble _____ frequent upset stomach
_____ ADD/ADHD _____ depression/anxiety _____ post traumatic stress syndrome
 4. Does your child wear: _____ glasses _____ contact lenses _____ hearing aids _____ braces/retainer
 5. Is your child on a special: _____ diet (doctor prescribed) _____ diet (individual/voluntary)
- Date of last tetanus shot : _____ Date of last flu shot: _____

If necessary, in the space below, include details for the nature and severity of any physical and/or psychological condition that the staff should be aware of, and what, if any action or protection is required on account of this condition. Please also include names of medications and dosages that must be taken:

Photography Release

Photographs are sometimes taken of activities for publicity and promotional purposes, which include, but are not limited to, in-church presentations, church web sites, brochures, and newsletters. Children's names or information are never used without specific permission. By signing this area, you are releasing Central Baptist Church to use photographs of your child as stated above.

Signature of Parent/Guardian _____ Date _____

Expectations and Student Conduct

For your information, we expect each student to meet the following expectations:

- Respect God, other students, staff, adult leaders, volunteers and bus drivers
- Focus on God in worship – no card games, talking, pinching, passing notes, using cell phones, having food or drink, etc.
- Wear Christ honoring apparel
- Bring Bible to Sunday school, worship and Wednesday group meetings
- Show Christ's presence through their lifestyle (no "mature" media may be purchased, used or shared)
- Set a Christ-like example for others at church, school and home
- Refrain from the use, possession and distribution of alcohol, drugs, tobacco or firearms
- No fighting, weapons, fireworks, lighters, explosives, knives, etc.
- Full participation in all activities, games and events unless restricted by parent or doctor
- Respect personal and church property

Every student reserves the right to remove themselves from any activity, discussion or event for safety and conscience. Students will be expected to contact their parents or guardians to provide transportation home at their guardian's expense. Students who refuse to comply with basic expectations or stated rules will be sent home at their guardian's expense. If a parent or guardian desires to limit a child's participation in any event, please submit instructions in writing to the church staff or volunteer prior to the scheduled event. Should this child's activities be restricted for any reason? _____.

Please have the student initial showing s/he has read and understands these expectations: _____

Consent Form, Medical Release and Limit of Liability

I, _____, the legal parent/guardian of, _____ a minor, give my/our consent for him/her to attend the events organized by the Central Baptist Church of Quincy, Illinois. I/we authorize Central Baptist Church to transport my child in an authorized vehicle for the participation in any church activity for which my child participates. I understand that there are inherent risks involved in any ministry, athletic event or activity, which may include, but are not limited to: Bible studies, cookouts, boating, water skiing, soccer, swimming, basketball, roller-skating, roller-blading, games in the park, ice skating, volleyball, baseball, camping, downhill skiing, laser tag, snowboarding, hiking, biking, concerts, golfing, miniature golfing, hay riding, shopping, etc.; and therefore, I/we hereby release the Church, its pastors, staff, employees, agents, leaders, officers and volunteers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. I/we also give our consent for our child to watch or attend any motion picture movie rated PG-13, PG and G. In the event that s/he is injured or requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event that treat is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Furthermore, I/we affirm that the health insurance information provided on this **Medical Release Form** is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home immediately at my/our expense should they become ill, misbehave, elect to leave, are asked to leave by restaurant, company or store management or if deemed necessary by the Church staff. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

Parent / Guardian Signature: _____ **Date:** _____

Pastors and employees are **Mandatory Reporters** of child neglect, abuse (physical, sexual or mental) or suspected harm.