

Truthseeker Registration Form 2020-2021

Parent/ Guardian Contact Information

Name(s):			Home Ph.#:
Address			Work Ph.#:
City	State	Zip	Cell ph.#:
Home Church:			E-Mail:

Alternate cell number in case of emergency:

Name & Alternate cell # we can call in an emergency if unable to reach parent/guardian at the above number:

Name: Cell #: Name: Cell #

Child's First & Last Name	Nickname	Birthday & Year	Gender	Grade 2020/21	Age	Allergies/Special Needs
			M / F			
			M / F			
			M / F			
			M / F			
			M / F			
			M / F			

Parent/Guardian: by signing you are giving consent to all the following terms and conditions for the children's ministry programs at Chestnut Ridge Baptist Church of Kings Mountain, NC.

For the safety of all children, I will come inside the church to pick up my child.

Publicity release:

We do hereby authorize the use of our child/children's photographs, taken while at any church ministry event, to be placed on the Chestnut Ridge Baptist Church Website/Facebook/ and local Newspaper. This is used only to promote ministries here at the church and for Kingdom work purposes.

My child has permission to ride the church bus or van as pre-arranged, on local field/mission/activity trips.

Medical Release:

I, (we), the undersigned, parent(s) do authorize Chestnut Ridge Baptist Church as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

I, (we) hereby authorize any hospital which has provided treatment.

THIS FORM WILL SERVE AS MEDICAL INFORMATION AND PERMISSION FORM TO COVER ALL MINISTRY ACTIVITIES THROUGHOUT THE YEAR.

SIGNATURE(S): LEGAL PARENT-GUARDIAN: _____

Initial indicates No Change: 2020/2021 _____ 2022/2023 _____ 2023/2024 _____ 2024/2025 _____ 2025/2026 _____