



# Calvary Kids Off Site Registration

Parent /Guardian Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers:

Cell \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number \_\_\_\_\_

May we have permission to photograph your child/children? Yes No

May we have permission to use photographs in church publications for the purpose of promotion? Yes No

## Children age 3 and Up Only - Valid for all of 2021

Information about your children:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in School (if applicable) \_\_\_\_\_

Medical issues/allergies \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in School (if applicable) \_\_\_\_\_

Medical issues/allergies \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in School (if applicable) \_\_\_\_\_

Medical issues/allergies \_\_\_\_\_

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Medical issues/allergies \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in School (if applicable) \_\_\_\_\_

Medical issues/allergies \_\_\_\_\_

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*As legal guardian of the student listed above I hereby give permission for he/she to participate in activities at sponsored by Calvary Baptist Church. (Dates and Events Documented on the reverse of this sheet) Further my child has permission to ride vehicles operated by Calvary Baptist Church to attend activities at church and off of campus as organized by the Calvary Kids Ministry*

Covering: **ALL ACTIVITIES ORGANIZED BY CALVARY BAPTIST CHURCH, ITS STAFF, TEACHERS, OR OTHERS UNDER THE DIRECTION OF CALVARY BAPTIST CHURCH.**

I understand that, in the event that ( ) requires medical or dental treatment while engaged in the activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give my permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination, injections, anesthesia, medical, dental, or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Calvary Baptist through its accident policy may be available as a backup for what my family's insurance does not cover. I understand all reasonable safety precautions will be taken at all times by Calvary Baptist and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I also agree not to hold Calvary Baptist, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred during my student's participation in the activities and events.

I also understand that visual and audio recordings may be made of these activities, and can be used by Calvary Baptist as needed for publicity, promotion, announcements, scrapbooks, etc .

**The Following items/behaviors are NOT permitted**

1. Illegal substances, weapons, or students under the influence of substances.
2. Obscene or offensive language, gestures, or offensive/indecent clothing.
3. Fighting or rough housing, including "playing/kidding"
4. Causing disruptions or distractions from worship and activities .

**I have read and understood this form.**

**I understand my child must comply with safety directions in order to ride any church vehicle.**

**If my child fails to comply I will be expected to come and pick up my child.**

**I understand that children who do not follow directions either in the church or in the vehicle may require intervention from the police.**

**I am available at this contact number at all times: \_\_\_\_\_**

Guardian's Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_