

## FSJ ALLIANCE KIDS REGISTRATION FORM

*NOTE: Be sure to complete both FRONT & BACK of Application!*

### FAMILY INFORMATION

Parent(s)/Guardian(s) name(s):			
Address (street/box, city, postal code):			
Mobile Phone Number:			
Parent Email Address:			
How can parent best be reached while your child is under our supervision?			
Will your Child(ren) be traveling to and from Church on the Bus?			
Family Doctor:			

Name(s) of Child(ren) registering:

Child's Name	Birth Date (dd/mm/yyyy)	Gender	Grade (Current school yr)	Health Card # (required)	Allergies/Notes

### MEDICAL WAIVER

I/We understand that Fort St. John Alliance Church will make every effort to provide for the safety and health of my child(ren). I/We, the parents or guardians named above, authorize the "Alliance Kids" volunteers or one of the Fort St. John Alliance Church Staff to sign a consent form for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/We, the parents or guardians named above, undertake and agree to indemnify and hold blameless the "Alliance Kids" volunteers, the ministry staff, the Fort St. John Alliance Church, it's pastors and Board of Elders from and against any loss, damage or injury suffered by the

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participant as a result of being part of the "Alliance Kids" activities of the Fort St. John Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing the church.

This consent and authorization is effective only when participating in or traveling to events of "Alliance Kids." I have read, understood and agree with the above and sign it to cover only "Alliance Kids" activities.

**E-MAIL:** By providing an e-mail address I consent to receiving email communication from FSJ Alliance Church related to Kid's Ministry.



Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION FOR USE OF PHOTOS**

I/We understand that there may be photos or videos taken of Alliance Kids. These photos or video may be displayed online via the church website or Facebook pages; in the newspaper; on bulletin boards in the church, and/or projected onto a screen in the sanctuary. I give permission for Fort St. John Alliance Church to use any photos taken of my child(ren) for the specific purpose of Alliance Kids promotion.



Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**OTHER INFORMATION**

*PLEASE LET US KNOW ANY ADDITIONAL INFORMATION ABOUT YOUR CHILD(REN)*

\_\_\_\_\_

*Fort St. John Alliance Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our church. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish Fort St. John Alliance Church to limit the information collected, or to view your child's information, please contact us.*