

# Registration

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade: \_\_\_\_\_

Gender  Male  Female

Parent/ Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

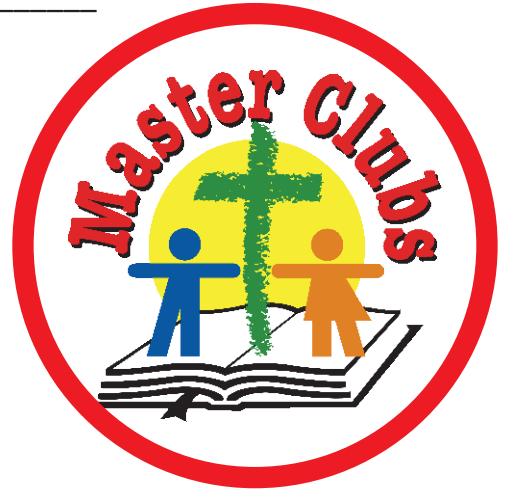
Postal Code \_\_\_\_\_

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

Email: \_\_\_\_\_

May we contact you by email?  YES  NO

Do you attend another church regularly?  NO  YES Which Church? \_\_\_\_\_



## Health Information, Medical Release & pick-up Authorization

*In the unlikely event that my child becomes sick or is injured during attendance at Lakeside Baptist Church, either at Master Club meetings or regular services, I so hereby authorize the directors of Lakeside Baptist Church to apply first aid to my child and if applicable, to transport my child for medical attention either by private vehicle or ambulance, in which case I will assume full responsibility for their cost. I understand all attempts will be made to contact me in such an event. I also understand that all events and activities will be structured to provide a safe environment.*

Name of Parent/Guardian \_\_\_\_\_ Emergency Number \_\_\_\_\_

Any allergies or medical conditions we should be aware of?  YES  NO

Description \_\_\_\_\_

*I hereby give permission for my child to attend this church. I also give my permission for images of my child, captured during regular and special Master Clubs activities through video, photo, and digital camera to be used for the purposes of church promotional material and publications, and waive any rights of compensation or ownership thereto.*

*I also understand that it is my responsibility to make arrangements for my child to be picked up in a timely manner. If I cannot come, \_\_\_\_\_ is authorized to pick up my child.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_