

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):			
Primary Phone Number:		Secondary Phone Number	
Parent Email Address:			
Where can parent be reached on Sunday mornings?:			
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 (mm/dd/yy)	Gender	Grade (Fall '16)	Health Card # (required)	Allergies/Notes

Family's relationship with FSJ Alliance Church

- Members
 Regular Attendees
 New to the Church
 We do not Attend

I/We are interested in helping in the following ways:

- Teacher
 Helper
 Substitute teacher
 Substitute Helper
 Craft Preparation
 Hall Monitor
 First Aid Attendant
 Bus Ministry
 Nursery worker
 Wednesday morning child care
 I am unable to help at this time
 Other:

...Continued on back of the page

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, its pastors and Board of Elders from and against any loss, damage or injury suffered by the 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)
