

REGISTRATION FORM  
(one per child)



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

Child's age: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Name of parent(s) / Guardian (Circle one): \_\_\_\_\_  
(Please Print)

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (    ) \_\_\_\_\_ Home email address: \_\_\_\_\_

Parent cell phone: (    ) \_\_\_\_\_ Name: \_\_\_\_\_  
(Please Print)

Alternate contact/caregiver: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_.

EMERGENCY Contact : \_\_\_\_\_ Phone: (    ) \_\_\_\_\_.  
(Please Print)

Early pick-up person: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_.

+ + + **MEDICAL** + + +

Allergies or other medical conditions: \_\_\_\_\_

Does your child have any physical limitations or needs:

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

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please Print)

*Please complete second page of this document*

## ACTIVITIES CONSENT AND RELEASE FORM CHILDREN/MINORS

I hereby consent & certify that my child \_\_\_\_\_ is able to participate in all the program and activities involved with **Prime Time**. I realize my child will participate in activities in conjunction with other persons. I accept full responsibility for my child's actions, injuries to self or other persons, and damage to personal or church property.

**I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERE TO.** I do hereby agree to hold Union Baptist Church and its agents and employees, and volunteers harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Vermont and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

## PHOTO CONSENT RELEASE FORM CHILDREN/MINORS

We recognize the need to ensure the welfare and safety of all young people taking part in any activity associated with our organization.

In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/caregivers and children. As your child will be taking part in the event specified above, we would like to ask for your consent to take photographs/videos of the event or activity that may contain images of your child. It is likely that these images may be used as: A record of the activity or the event OR publicity material for further activities or events on leaflets/websites/magazines

We will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform us immediately.

\_\_\_\_\_ **I consent to having my child photographed or recorded for this event.**

\_\_\_\_\_ **I do not consent to having my child photographed or recorded for this event**

\*\*\* I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE BELOW AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.\*\*\*

**Parent or Legal Guardian's Name: Please Print** \_\_\_\_\_

**Parent or Legal Guardian's Signature:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Dated:** \_\_\_\_\_