

# YOUTH MUSICAL FELLOWSHIP OF THE KING

**Open to youth grades 3 – 12. Presentations Sat Apr 21 and Sun Apr 22, 2018 @ 7PM.  
Rehearsals: Fridays 5:30 – 8PM, starting Jan 12, 2018**

## CHILDREN'S MUSICAL REGISTRATION & CONSENT FORM

**Information received is confidential and is being gathered for the purpose of serving your child while in the care of City Centre Baptist Church. (PLEASE PRINT)**

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

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ M/F

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**PLEASE PRINT CLEARLY AND NEATLY AS ALL COMMUNICATION WILL BE VIA EMAIL**

Please check the service you attend most regularly at City Centre: 9am \_\_\_ 11am \_\_\_ Don't attend \_\_\_

In case of an emergency, contact: \_\_\_\_\_ Number: \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that we should be aware of? Yes: \_\_\_ No: \_\_\_ If yes, please explain:

\_\_\_\_\_

## PARENT VOLUNTEER INTEREST

Name: \_\_\_\_\_ Contact (email/phone): \_\_\_\_\_

- I would like to provide snacks or Pizza Pizza gift cards for these rehearsal dates: \_\_\_\_\_
- I am interested in how I can volunteer my time to serve in the musical ministry.

## MEDICAL INFORMATION

***The safety of your child is important to us. Medical information collected here serves to authorize City Centre Baptist Church, its staff, and its volunteers to obtain medical assistance in the event of an emergency.***

Does your child have any medical conditions and/or health concerns that we should be aware of?  
(Example: **ASTHMA, HEART MURMUR**, etc.) Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Does your child have any food or medication allergies we should be aware of? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**FOOD ALLERGY:** \_\_\_\_\_

**MEDICATION ALLERGY:** \_\_\_\_\_

Does your child carry an EPI PEN? Yes: \_\_\_ No: \_\_\_ (If yes, please request the anaphylaxis emergency form to be filled out).

Can he/she self-administer? Yes: \_\_\_ No: \_\_\_

Does your child bring any other medication with him/her? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes please explain: (Please note we will not administer any of these medications)

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

***I/we \_\_\_\_\_ authorize the Children's Ministries Director, or any of City Centre Baptist Church staff and/or adult volunteer program personnel to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above. I/we undertake and agree to indemnify and hold harmless the Children's Ministries Director, all staff and all program personnel, City Centre Baptist Church, as well as any medical treatment authorized by the supervising individuals representing City Centre Baptist Church. This consent and authorization is effective only when participating in or travelling to events sponsored by City Centre Baptist Church.***

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

## CONSENT

Please initial below to grant permission for the reasonable use of pictures / video containing your child:

Promotional material: \_\_\_ Video: \_\_\_ Online (website & Facebook): \_\_\_

## PURPOSES AND EXTENT

*City Centre Baptist Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to develop and nurture ongoing relationships with you and your child, and to inform you of programs, updates and upcoming opportunities at our organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish City Centre to limit the information collected, or to view your child's information, please contact us.*

I/we have read, asked questions for clarification, understood and willingly agree to the above.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return to the Children's Ministries or Church Office***