

REGISTRATION FORM

Today's Date: _____

Student's Name: _____ Gender: M F

Date of Birth: _____ Current Grade: _____ School: _____

Home Phone: _____ Student's Cell Phone: _____ Do they text
Yes No

Student's Cell phone carrier name: _____ (This allows us to text students with programming info)

Address: _____ City and Zip: _____

Father/Guardian Name: _____ Work or cell phone: _____

Mother/Guardian Name: _____ Work or cell phone: _____

We are increasingly relying on technology to communicate information to our church family. Please indicate an email address we can use for keeping students informed of the most current youth ministry information:

Student's email (print clearly): _____

Please check the ONE to
use for our weekly
program correspondence

Household email (print clearly): _____

Please share any special considerations that would be helpful for us to know (For example: death of parent / grandparent / sibling? Recent divorce / separation? etc.)

Any special learning needs? (For example: ADD/ADHS? Delayed speech/language? Reading/learning disability? Pervasive Developmental disorder/Autism? etc.)

List student's interests, hobbies, clubs, teams, etc.:

**Eastridge Covenant Church
Junior High Ministries**

CONSENT FOR PHOTOGRAPHY

I hereby give permission for a church representative, employee, or volunteer to take pictures and/or video of my child. Pictures may be candid or posed and will be used for a variety of communication and identification mediums to include, but not exclusively, such things as brochures, databases, slideshows, ECC website, and posters.

DATED: _____ SIGNATURE of Parent or Guardian: _____

CONSENT FOR MEDICAL TREATMENT

Name of Child: _____

Insurance Company: _____ Policy No.: _____

Preferred Hospital: _____

Doctor Name & Phone Number: _____

I, the undersigned, being the parent or legal guardian of the above minor child do hereby fully authorize Eastridge Covenant Church "ECC", its trustees, elders, employees, agents, representatives and volunteers to act on my behalf in the event my child is the victim of an accident, injury or illness that requires immediate medical or surgical care. Actions on behalf of my child shall include, but not be limited to, authorization for ECC employees, staff or other chaperones to arrange for such medical care as they deem appropriate, substantiated by local medical advice, and to give any required consent for such medical care. I hereby release and discharge, on my own behalf or the behalf of my minor child, Eastridge Church, their staff, volunteers, from any and all actions, causes of action, claims, damages, injuries and liabilities of any nature whatsoever, I also agree to assume financial responsibility for my care and/or that of my minor child. I acknowledge that it is my responsibility to advise ECC, in writing, of any allergies, medical problems or prescription medicine requirement that would be pertinent in the treatment of my child.

IMPORTANT MEDICAL INFORMATION (including medications): _____

DATED: _____ SIGNATURE of Parent or Guardian: _____