

Children's Mid-Week Ministry

Christ Our Hope

2018-2019 Registration

We Need Your Help!

Here's how you can be involved:

- We are asking parents to support coaches by signing up to serve for 2 Wednesday nights this season. (Sign-Up sheets with dates will be at check-in counters)
- **If you're interested in an on-going commitment to the ministry, leadership opportunities include:**

___ Game Leader ___ Childcare for Birth-3 Years ___ Coaches for 4-5 Year Olds

___ Coaches for Boys (1st-5th) ___ Coaches for Girls (1st-5th) ___ Check-In Team

Our volunteers are the pillars of this ministry; we cannot do this without you. Please prayerfully consider partnering with us to help children grow spiritually week after week!

Parent/Guardian Name (First & Last) _____

Address: _____ Apt. _____

City: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Home Church: _____

Child #1 Name: _____ M ___ F___ Age: _____ Bday: ___/___/___

Grade in Fall 2018: _____ Food Allergies/Special Needs _____

Child #2 Name: _____ M ___ F___ Age: _____ Bday: ___/___/___

Grade in Fall 2018: _____ Food Allergies/Special Needs _____

Child #3 Name: _____ M ___ F___ Age: _____ Bday: ___/___/___

Grade in Fall 2018: _____ Food Allergies/Special Needs _____

Mission Hills Church

Medical Authorization Form

Primary Emergency Contact: _____ Phone #: _____

Relationship to Child: _____

Secondary Emergency Contact: _____ Phone #: _____

Relationship to Child: _____

Primary Doctor: _____ Phone #: _____

Medical Insurance Co. _____

Policy #: _____ Phone #: _____

Any specific instructions for physician or nurse concerning specific physical or mental conditions or medications:

Child #1 _____

Child #2 _____

Child #3 _____

I (we), the parents/guardians of _____, do hereby authorize Mission Hills Church (MHC) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable This authorization shall remain effective unless revoked by you.

I, the undersigned, being the parent/guardian of the aforementioned, have read and understand the above. I will keep you updated on any changes on the child's release form. This medical release will be kept on file at Mission Hills Church.

(Signature of parent/guardian)

(Date)

Photo Release

I give permission for any pictures or videos taken of my child to be used for the Mission Hills church promotional materials such as brochures/flyers, worship folder, newsletters, MHC website, etc.

(Signature of parent/guardian)

(Date)