Children's Mid-Week Ministry

Christ Our Hope

Fall 2019 Registration (September 18-November 20, 2019)

We Need Your Help!

Here's how you can be involved:

We are asking parents to support the ministry by signing up to serve for 1 Wednesday this session. Indicate 2 dates below that you are available (you will only serve one).

1st Date Preference: ____________________

2nd Date Preference: ____________________

Parent/Guardian Name	**Parent/Guardian Name**
Cell Phone	Cell Phone
Address	Address(if different)
City, ST ZIP Code	City, ST ZIP Code
Email Address	Email Address

Participants' Information

Child #1 Name	Date of Birth	Age	Grade for 2019/2020 school year	M F

Food Allergies/special Needs: ____________________

Child #2 Name	Date of Birth	Age	Grade for 2019/2020 school year	M F

Food Allergies/special Needs: ____________________

Child #3 Name	Date of Birth	Age	Grade for 2019/2020 school year	M F

Food Allergies/Special Needs: ____________________

Please complete other side

Medical Authorization Form

Primary Emergency Contact ______________________ Cell Number ______________________

Relationship to Child: ______________________

Secondary Emergency Contact ______________________ Cell Number ______________________

Relationship to Child: ______________________

<u>Any specific instructions for physician or nurse concerning specific physical or mental conditions or medications:</u>

Child #1: ______________________

Child #2: ______________________

Child #3: ______________________

I, the parent/guardian 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, the church, 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 understand that my child may be photographed and/or videotaped during his/her participation in events, activities, trips, excursions and programs conducted by MHC and consent to and authorize such photographs and/ or videos to be used by MHC for ministry related presentations, publications and/or websites. I understand that my child's name will not be used and/or published in any way, and that no compensation will be given for the use of such photographs and/or videos.

Signature of Parent/Guardian ______________________ Date ______________________