

The First Presbyterian Church at Caldwell

Sunday School Registration 2014-2015

Please fill out a separate form for each child, thank you !!

Child's Name _____ Birthday _____ Grade _____

Parent's Names _____ Phone _____

Address/City _____

Parent Email _____

Emergency Contact _____ Phone _____

Allergies or Medical Conditions _____

Does your child carry an epi-pen _____

Photography Release

I give permission for The First Presbyterian Church at Caldwell to photograph my child participating in church activities and to publish in print, electronic, website or video format the likeness or image of my child in connection with promoting First Presbyterian Church at Caldwell programs.

I do not want my child's photograph to be taken. I understand that this may result in my child being removed temporarily from an activity in order to allow for photographs to be taken.

Medical and Liability Release

Every activity sponsored by the First Presbyterian Church at Caldwell is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazard in church-related social activities. They also agree not to hold this church, its employees, or volunteer assistants, liable for damages, losses, or injuries to the person undersigned. The parents/guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

In the event that I cannot be reached in an emergency while my child is participating in an event or Sunday School at the First Presbyterian Church at Caldwell, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

Signature of Parent or Guardian _____ Date signed _____