



Registration, Release, and

Signature Sheet

CHILD'S INFORMATION

First Name (preferred name) _____ Last Name _____

Parent/Caregiver Name/s _____

Age _____ Gender _____ Grade for 2015-16 _____ Date of Birth _____

Address _____

Phone (best way to reach you) _____ Email _____

Allergies, physical limitations, or other conditions that may affect participation? YES NO
If "YES", please elaborate:

Medications? Please list with schedule and instructions if necessary:

EMERGENCY CONTACT INFORMATION

Parent/Guardian _____ Relation _____

Additional Contact _____ Relation _____

Address if different from child's _____

If you want only certain individuals to be permitted to pick up your child, please list with contact numbers:

Please list individuals who you DO NOT want to pick up your child:

PHOTO RELEASE

Through Lakeside programming, we hope to capture images of children. We might use a limited number of pictures on our church website, in church publications such as Lakeside Life, and in our annual report. In order to use these photos or videos, we need your permission. At no time will your child's name be used in conjunction with their picture. Please check one and sign:

- Yes, I permit images of my child to be used per the description above.
- No, I do not permit images of my child to be used for any purpose.

Parent/Guardian _____ Date _____

MEDICAL INFORMATION and AUTHORIZATIONS

Preferred Physician _____ Phone: _____

Preferred Hospital/s _____

Insurance Information (include relevant information here or attach a copy of insurance card if available):

Authorization A (complete only if Authorization B is not completed)

By my signature below, I give consent for my minor child’s participation in programming sponsored by Lakeside Presbyterian Church and authorize the organization’s duly designated adults to authorize emergency medical treatment for my child should they become ill or injured while under the care or authority of these adults. In the event that reasonable attempts to contact me have proven unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the preferred physician indicated above and the transfer of my child to the preferred hospital indicated above or any hospital reasonably accessible. This authorization is limited and does not cover major surgery unless the medical opinions of two other licensed practitioners concur with necessity for such surgery are obtained prior to the performance of surgery.

Parent/Guardian _____ Date _____

Authorization B (complete only if Authorization A is not completed)

By my signature below, I give consent for my minor child’s participation in programming sponsored by Lakeside Presbyterian Church but do not authorize the organization’s duly designated adults to authorize emergency medical treatment for my child should they become ill or injured while under the care or authority of these adults. In the event that reasonable attempts to contact me have proven unsuccessful, I instruct the adult staff to do the following:

Parent/Guardian _____ Date _____

PARTICIPANT SIGNATURES

After reviewing the materials in this packet with your child, please sign and return to the church.

Parent Initials:

	Child Protection Policy: I have reviewed and understand the information regarding the child Protection Policy.
	Bullying Policy: I have reviewed the information regarding the bullying policy with my child.
	Participant Code of Conduct: I have reviewed and discussed the information regarding church safety and behavior with my child.

Parent/Guardian Signature _____ Date _____

Student Signature (if appropriate) _____ Date _____

*If there is other information you believe we should know, please include a note or contact the church office.
Email: lakeside@lakesidechurch.org or louisa@lakesidechurch.org. Phone: (859)-341-1963.*