

2010-2011 Children's Ministry Registration (valid 6/1/10-5/31/11)

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Office Use Only

CHILD'S FULL NAME	AGE	DATE OF BIRTH	GRADE AS OF 9/1/10	ALLERGIES, SPECIAL NEEDS

AUTHORIZED ALTERNATIVE CHILD PICK-UP AND RELEASE LIST

I/We, the below signed parent(s) or legal guardian(s) of the child(ren) listed on this form want to help Grace Church of Orange keep a safe, loving and nurturing environment for our children. We understand that children will not be released from a classroom on their own. Our child(ren) will be supervised by either one of us, a teaching team, or an adult we have placed in charge of our child(ren). To that end, I/we give permission for the following adults to check our child(ren) in or out of this ministry of Grace Church of Orange. If the ministry staff or volunteer does not know me or the adult coming to pick up my child(ren), I understand that the volunteer will request to see a government issued photo identification prior to releasing my child(ren). I will take the responsibility to inform all the people listed below of the check-in/check-out procedures.

LEGAL NAME OF AUTHORIZED PERSON(S)	RELATIONSHIP	HOME, WORK, OR CELL PHONE #

PERMISSION TO PARTICIPATE

I, the parent/guardian of the child(ren) named on this form, do hereby give my consent for my child(ren)/ward(s) to participate in this ministry activity of Grace Church of Orange.

WAIVER

In consideration of the benefits to be derived from this ministry activity, I hereby waive any claim against Grace Church of Orange, the church staff, any volunteers, and any agents of the church.

PHOTOGRAPHIC AUTHORIZATION

I, the parent/guardian of the child(ren) named on this form, do hereby acknowledge that pictures of my child(ren)/ward(s) may be taken during this ministry event. I understand this and give my permission for Grace Church of Orange to use any images taken on their website, in print media, in a display, or by electronic projection.

EMERGENCY MEDICAL RELEASE

Please be advised that the bearer of this form has full and complete authority to approve any emergency medical or dental care deemed necessary for any child (ren) named on this form. This authorization includes x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care. Such diagnosis or treatment is to be rendered under the general supervision of any dentist, physician, or surgeon licensed under the provisions of the Medical Practice Act, whether at the office of said dentist or physician or at a hospital. I do further authorize said agent to select transportation to chosen dentist, physician, or hospital. This authorization will remain in effect while said minor is en route to or from involved or participating in any program or activity authorized by Grace Church of Orange, unless revoked by the undersigned in writing and delivered to the aforesaid agent. I hereby authorize any hospital which has provided treatment to the minor(s) named on this form to surrender physical custody of such person to said agent upon completion of treatment. This authorization is given pursuant to the provisions of Section 25 of the Civil Code of California, and to Section 1283 of the Health and Safety Code of California.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

PRINTED NAME(S) OF PARENT(S)/GUARDIAN(S): _____

MAILING ADDRESS: _____ CITY, STATE, AND ZIP: _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

PRIMARY FAMILY PHYSICIAN _____ PHONE _____

NAME OF MEDICAL INSURANCE _____ PHONE _____

MEDICAL INSURANCE POLICY # _____ GROUP # _____

Please bring completed forms and event payments to the church office or to the Information Kiosk on Sundays.