



ANDERSON FIRST CHURCH OF THE NAZARENE DEPARTMENT OF STUDENT MINISTRIES
2022 ANNUAL STUDENT REGISTRATION

PARENT/ GUARDIAN INFORMATION

Parent/ Guardian #1 Full Name: _____

Primary Address: _____

City: _____ ST: _____ ZIP: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Primary E-Mail Address: _____

Parent/ Guardian #2 Full Name: _____

Primary Address: _____

City: _____ ST: _____ ZIP: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Primary E-Mail Address: _____

STUDENT INFORMATION

Student Full Name: _____

Gender (Circle One) : Male / Female Grade: _____ DOB: ____/____/____

School: _____

Cell Phone #: _____ E-mail: _____

Siblings:	Name	Grade	School



EMERGENCY CONTACT INFORMATION

Emergency Contact Full Name: _____

Primary Address: _____

City: _____ ST: _____ ZIP: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Primary E-Mail Address: _____

Emergency Contact #2 Full Name: _____

Primary Address: _____

City: _____ ST: _____ ZIP: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Primary E-Mail Address: _____

STUDENT MEDICAL INFORMATION

Does your child have any known allergies (circle one): Yes No

If yes, please share:

Does your child have any medical conditions, physical or mental (circle one): Yes No

If yes, please share:

Does your child require any medications (circle one): Yes No

If yes, please list and share:



AUTHORIZATIONS

The undersigned does hereby give permission for my child _____ (child's name)("Participant"), to attend and participate in the Ohana Youth Ministries for the 2021-2022 year.

LIABILITY RELEASE: In consideration of Anderson First Church of the Nazarene allowing the Participant to participate in youth ministry, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Anderson First Church of the Nazarene, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness (including COVID-19) or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children activity. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises. Furthermore, I, on behalf of my student, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and/or work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said student, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned student pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child to return home due to a medical reason, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child to ride in any vehicle driven by an approved and licensed adult (21 and over) chaperone while attending and participating in activities sponsored by Anderson First Church of the Nazarene.

PHOTO/ RECORDING POLICY: I understand and give consent that my child may be photographed and/ or recorded for marketing and promotional purposes by Anderson First Church of the Nazarene.

Parent/ Legal Guardian Signature

Date