

# Sample - Registration Form

(Church/organisation)

Name of Program/Ministry/Event: \_\_\_\_\_

Participant's details			
First name		Last name	
Date of birth		School grade	
Address			
	Post code		State/Territory
Email address			
Phone:			
Parent/Guardian details			
Parent or Guardian Full name(s)		(additional parent/guardian name)	
Email address			
Contact numbers	(H)		(M)
Important information	Please list any information that we may need to know about e.g. medical, allergies, special needs etc.		

I give permission for my son/daughter \_\_\_\_\_ to attend the *(program/ ministry)* at *(Church/Organisation)*.

**PHOTOGRAPHY/VIDEOGRAPHY WAIVER:** I understand that my son/daughter may be photographed or recorded on video during the course of church programs and/or events. By initialling below I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of future church based activities.

X Initials of Parent/Guardian: \_\_\_\_\_

I release *(church/Organisation)* employees, leaders and representatives from any liability of unintended or unexpected accidents which might occur during participation in the program/events.

In the event of accident or illness to my son/daughter I give permission to obtain medical assistance or treatment as may be necessary and to engage any medical professionals (including ambulance and hospital) and I agree to pay for those expenses incurred.

I understand all effort has been given for leaders and volunteers to be trained in to provide a safe and welcoming environment at *(church/Organisation)*.

X Signed: \_\_\_\_\_ Date: \_\_\_\_\_