

**Federated Community Church**  
**Children's/Youth Ministry Registration Form**  
**Household Information**

Parent #1 Name: \_\_\_\_\_

Parent #1 Cell: \_\_\_\_\_ Parent #1 Email: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Parent #2 Cell: \_\_\_\_\_ Parent #2 Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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Child #1 Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birthday (MM/DD/YY): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/Special Needs/Learning Differences: \_\_\_\_\_

\_\_\_\_\_

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Child #2 Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birthday (MM/DD/YY): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/Special Needs/Learning Differences: \_\_\_\_\_

\_\_\_\_\_

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Child #3 Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birthday (MM/DD/YY): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/Special Needs/Learning Differences: \_\_\_\_\_

\_\_\_\_\_

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## Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Emergency Contact Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Emergency Contact Cell: \_\_\_\_\_

Please list the names of any adults who are authorized to pick up your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Waiver of Liability & Medical Release

We understand the arrangement and believe that the necessary precautions and plans for the care and supervision of my child(ren) will be taken during their participation in Federated Community Church's Children's/Youth Ministry. Beyond this, we will not hold Federated Community Church, or the person(s) supervising the program, responsible. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the Federated Community Church Children's/Youth Ministry leadership, Federated Community Church staff, or other emergency medical personnel permission to act on my behalf in seeking emergency medical treatment for my child in the event that such treatment is deemed necessary. I give permission to those administering emergency medical treatment to do so using measures deemed necessary. I absolve Federated Community Church, and/or church personnel from liability in acting on my behalf in this regard. I, as a parent or guardian of (a) child(ren) participating in the children's ministry at Federated Community Church, Hampden, MA, accept the responsibility for all expenses arising from medical care for injuries to my child(ren) while participating in this program.

## Photograph Release

Your child(ren) may be photographed or filmed while participating at Federated Community Church. Their photo may be used for promoting or sharing activities from Federated Community Church, the children's/youth ministry, or church related events, in printed materials and/or electronically on social media or the church's website. No specific identifying information (such as a child's name) will be connected to photos or videos.

\_\_\_\_\_ Yes, I grant permission for the use of photos, videos, FCC Facebook postings- with the following restrictions:

\_\_\_\_\_ No, I do not want my child's photos or videos to be used.

Parent/Guardian name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_