



Children's Ministry Registration

Child's Name

Birthdate Age Male Female

Home Address

City/State/Zip

Parent(s)/Guardian(s)

Parent Mobile Phone

E-mail

Photo/Medical/Liability Release

By signing this Medical Release and Liability Waiver, I expressly warrant that the child named above is capable of participating in the physical demands of activities that occur while the child is in the care of the children's ministry or on the church premises of Paseo Baptist Church. I also expressly assume all risks to the child participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities.

I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. I understand that I am responsible for the health care for my minor child and agree that my insurance plan is the primary plan to pay the dental, medical or hospital care or treatment that is given to my minor child.

Paseo Baptist Church Children's Ministry may include photos of church activities for promotional/informational purposes, etc. By signing this I am granting permission for Paseo Baptist Church to use photos on the church website and other forms of communication.

I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above Photo/Medical/Liability Release and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of Paseo Baptist Church. I hereby consent to the Photo/Medical/Liability Release on behalf of the child.

Signature of Parent/Guardian _____

****Please list allergies or any concerns on the back.**