

- Sunday
- MOPS
- Morning Light
- Other:



Date of Registration:
Family ID #:

2018-2019 Child Participation Form

Children 2 months (by 9/10/18) - 5th grade

Family Last Name(s)	Home Phone #	Alternative Phone # <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other
Street Address	City, Zip Code	Family E-mail Address (check to receive monthly WCPres Children's e-Newsletter <input type="checkbox"/>)
Mother's First & Last Name	Day Phone # <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	Attend WCPres? <input type="checkbox"/> YES <input type="checkbox"/> NO
Father's First & Last Name	Day Phone # <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	Attend WCPres ? <input type="checkbox"/> YES <input type="checkbox"/> NO
Emergency Contact (if parent/guardian is unavaible)	Emergency Contact Phone #	Relationship to child
Family Physician	Phone #	Address
Medical Insurance Carrier	Policy #	Policy Holder's Name

PLEASE FILL OUT THE INFORMATION BELOW FOR EACH CHILD YOU WANT TO REGISTER (2 MONTHS-5TH GRADE) & SIGN ON THE REVERSE.

Child's LAST Name		Child's FIRST Name		Child's MIDDLE Name	
Birth Date (month / day / year)	Check One: <input type="checkbox"/> BOY <input type="checkbox"/> GIRL	Grade in School	Name of School		Toilet Trained? <input type="checkbox"/> YES <input type="checkbox"/> NO

Please list any chronic illness, allergy, medical condition, restriction of activity, or special needs that would affect your child's participation or require emergency medical treatment.
(If NONE, check here: NONE)

Child's LAST Name		Child's FIRST Name		Child's MIDDLE Name	
Birth Date (month / day / year)	Check One: <input type="checkbox"/> BOY <input type="checkbox"/> GIRL	Grade in School	Name of School		Toilet Trained? <input type="checkbox"/> YES <input type="checkbox"/> NO

Please list any chronic illness, allergy, medical condition, restriction of activity, or special needs that would affect your child's participation or require emergency medical treatment.
(If NONE, check here: NONE)

Child's LAST Name		Child's FIRST Name		Child's MIDDLE Name	
Birth Date (month / day / year)	Check One: <input type="checkbox"/> BOY <input type="checkbox"/> GIRL	Grade in School	Name of School		Toilet Trained? <input type="checkbox"/> YES <input type="checkbox"/> NO

Please list any chronic illness, allergy, medical condition, restriction of activity, or special needs that would affect your child's participation or require emergency medical treatment.
(If NONE, check here: NONE)

Child's LAST Name		Child's FIRST Name		Child's MIDDLE Name	
Birth Date (month / day / year)	Check One: <input type="checkbox"/> BOY <input type="checkbox"/> GIRL	Grade in School	Name of School		Toilet Trained? <input type="checkbox"/> YES <input type="checkbox"/> NO

Please list any chronic illness, allergy, medical condition, restriction of activity, or special needs that would affect your child's participation or require emergency medical treatment.
(If NONE, check here: NONE)

Child's LAST Name		Child's FIRST Name		Child's MIDDLE Name	
Birth Date (month / day / year)	Check One: <input type="checkbox"/> BOY <input type="checkbox"/> GIRL	Grade in School	Name of School		Toilet Trained? <input type="checkbox"/> YES <input type="checkbox"/> NO

Please list any chronic illness, allergy, medical condition, restriction of activity, or special needs that would affect your child's participation or require emergency medical treatment.
(If NONE, check here: NONE)

TURN OVER TO SIGN FOR FOR PARENTAL AND MEDICAL TREATMENT CONSENT AND RELEASE

PARENTAL AND MEDICAL TREATMENT CONSENT

I, the undersigned, certify that I am the parent/legal guardian of _____

Child(ren) Name(s)

the minor(s), and that the Child(ren) is/are in good physical condition and able to participate in all activities for children sponsored by Walnut Creek Presbyterian Church (the "Church"). I consent to the participation of the Child(ren) in any activity for children sponsored by the Church in which the Child(ren) elects to participate ("Permitted Activities").

In case of physical injury, illness or medical emergency of Child(ren), I ask that you, the Church representatives, make reasonable attempts to contact me; however, if I cannot be reached, I authorize you to contact our family physician if he/she can be reached, and to take whatever measures are necessary to ensure the safety of the Child(ren). This authorization and consent authorizes physicians, dentists and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licenses, technicians or nurses to render the diagnosis, treatment or care they deem advisable for the Child(ren) in the exercise of their best professional judgment. I understand that every reasonable attempt to contact me will be made before providing diagnosis, treatment or care, time and conditions permitting, but that diagnosis, treatment or care may be provided in an emergency without my consent.

This authorization is effective from September 1, 2018 to August 31, 2019.

RELEASE OF LIABILITY

THE UNDERSIGNED PARENTS, PARENT OR GUARDIAN TAKE FULL RESPONSIBILITY FOR ANY INJURIES INCURRED BY THE CHILD(REN), EITHER IN TRANSPORTATION TO OR FROM OR AT PERMITTED ACTIVITIES, AND AGREE TO RELEASE THE CHURCH AND ITS TRUSTEES, OFFICERS, DIRECTORS, EMPLOYEES, MEMBERS AND VOLUNTEERS ("RELEASEES") FROM AND AGAINST ANY LOSS, LIABILITY OR CLAIM FOR PHYSICAL OR BODILY INJURY OR DEATH TO THE MINOR CHILD(REN) ARISING OUT OF NEGLIGENCE OF THE RELEASEES IN CONNECTION WITH OR RELATED TO PERMITTED ACTIVITIES. THIS RELEASE APPLIES ONLY TO CLAIMS WHICH ARE IN EXCESS OF LIABILITY INSURANCE COVERAGE WHICH THE CHURCH HAS OBTAINED, OR TO CLAIMS FOR WHICH THERE IS NO LIABILITY INSURANCE COVERAGE. FOR MULTIPLE CLAIMS ARISING OUT OF THE SAME INCIDENT, AVAILABLE INSURANCE COVERAGE WILL BE PRORATED AMONG THE CLAIMANTS IF THERE IS INSUFFICIENT COVERAGE FOR ALL. THIS RELEASE DOES NOT APPLY TO INTENTIONAL INFLICTION OF INJURY OR SEXUAL MISCONDUCT OF ANY SORT BY THE RELEASEES.

The undersigned parents, parent or guardian represent to the Church that the minor Child(ren) is/are currently covered by health insurance listed above which applies (except for deductibles) to injuries arising out of Permitted Activities.

PHOTO/VIDEO RELEASE

I hereby assign and grant Walnut Creek Presbyterian Church, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Church activities, and I hereby release Walnut Creek Presbyterian Church, the activity coordinators, and allemployees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Walnut Creek Presbyterian Church, and I specifically waive any right to any compensation I may have for any of the foregoing.

INVITATION TO PARTNER/SERVE

I understand that I/we may be contacted to serve in my/our child's classroom and agree to participate as we're able.

Parent/Guardian Initials _____ Parent/Guardian Initials _____

SIGNATURES OF PARENT(S)/GUARDIAN(S)

(Both Parents Must Sign Unless Only One Parent Has Custody)

I/We have read and agree to all of the above terms, including without limitation consent for my/our child(ren), the above Child(ren), to participate in Walnut Creek Presbyterian Church Children's Ministry activities, medical treatment consent, release of liability and photo/video release.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Parent/Guardian Printed Name

Date