



## Registration and Emergency Form

Please complete the information on front and back and return to:

**Registration basket or the church office**

Child's Name: \_\_\_\_\_

Grade completed: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Parent(s) or Guardian: \_\_\_\_\_

Church Home: \_\_\_\_\_

Want more info about our Family/Children's Ministries? Y\_\_\_ N\_\_\_

### Safety Precautions:

Only these people are allowed to pick-up my child:

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

**Please call or e-mail Niki Haynes with any questions:  
810-653-2484 ext. 202 niki@davisonmc.org**

# Emergency Section:

**Emergency Contact person:** \_\_\_\_\_

Phone Number that can be reached during Event:

1<sup>st</sup> Phone: \_\_\_\_ - \_\_\_\_      2<sup>nd</sup> Phone: \_\_\_\_ - \_\_\_\_

Relation to child: \_\_\_\_\_

Any medical conditions: \_\_\_\_\_

Any food allergies: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's phone: \_\_\_\_ - \_\_\_\_

Medical Ins. Co. \_\_\_\_\_ Policy# \_\_\_\_\_

## Emergency Release Authorization and Medical Treatment Authorization:

I have been informed that my child will be participating in a number of activities, which carry with them a certain degree of risk. These activities might include swimming, boating, hiking, camping, field trips, sports and other activities offered by the church. I consent for my child to participate in these activities. I affirm that my child is physically fit and has the necessary skills to safely participate in these activities.

I understand that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, I authorize the church to hire a doctor or other healthcare professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses incurred in this treatment.

I will notify the church if I feel there are any health considerations that would prevent my child's participation in any of the activities listed above. I also give my permission for church leaders to restrict my child from participating in any activity if they should doubt my child's ability or safety while participating.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Photo use Release Authorization

I give my permission for my daughter's / son's photo to appear in any advertisement, publication, or electric media that is created for the sole purpose of Davison Missionary Church.

**Questions should be directed to the Davison Missionary Church 1-810-653-2484**

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_