

Bethel Mid-Week Children's Registration & Liability Release Form 2019-2020

Please Print

Family Name _____

Child's name _____ Grade _____

Birthdate _____ M/F

2nd child _____ Grade _____

Birthdate _____ M/F

3rd child _____ Grade _____

Birthdate _____ M/F

Address _____

Phone _____ Cell phone _____

Email _____

In Case of Emergency, Contact:

Please check physical problems we should know about.
Child's Name:

___ Allergies ___ Epilepsy ___ Asthma

___ Heart Condition ___ Diabetes

Other _____

I hereby give permission for my child(ren), _____ to participate in activities outside of the church when attending Bethel Family Night or functions associated with these programs. I understand that written notice will be sent home with my child(ren) when such activities are scheduled. I grant to Bethel Church the right to take photographs of my child(ren) in connection with Bethel Family Night. I authorize Bethel Church to copyright, use and publish the same in print and/or electronically.

I further consent to allow emergency medical aid to be administered to my child(ren) if the need arises.

I hereby release the Bethel Mid-Week leaders and Bethel Bible Fellowship Church of all liabilities.

Parent/Guardian Signature

Bethel Mid-Week Children's Registration & Liability Release Form 2019-2020

Please Print

Family Name _____

Child's name _____ Grade _____

Birthdate _____ M/F

2nd child _____ Grade _____

Birthdate _____ M/F

3rd child _____ Grade _____

Birthdate _____ M/F

Address _____

Phone _____ Cell phone _____

Email _____

In Case of Emergency, Contact:

Please check physical problems we should know about.
Child's name:

___ Allergies ___ Epilepsy ___ Asthma

___ Heart Condition ___ Diabetes

Other _____

I hereby give permission for my child(ren), _____ to participate in activities outside of the church when attending Bethel Family Night or functions associated with these programs. I understand that written notice will be sent home with my child(ren) when such activities are scheduled. I grant to Bethel Church the right to take photographs of my child(ren) in connection with Bethel Family Night. I authorize Bethel Church to copyright, use and publish the same in print and/or electronically.

I further consent to allow emergency medical aid to be administered to my child(ren) if the need arises.

I hereby release the Bethel Mid-Week leaders and Bethel Bible Fellowship Church of all liabilities.

Parent/Guardian Signature