



# Registration Form

January - December 2025



## Child's Information

Child's Name	Age / Grade	Birthdate	School
Home Address			Home Phone
Parent/Guardian 1 Name	Parent/Guardian 1 Cell #	Parent/Guardian 2 Name	Parent/Guardian 2 Cell #
Email you would like us to use to contact you			
Is there any custodial information we should be aware of? If so, please list:			
Do you Have a Home Church?	Want info about New Life church?	Want to Volunteer?	In what manner?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Emergency Contact/Authorized Alternate Pick Up Person

(Every effort will be made to contact the parents/guardian of the child before treatment is given)

First Name	Last Name	Relation to Child	Best # to call

## Photo Release

☐ I give permission for pictures/videos of my child to be used for informational/promotional purposes

☐ I **do not** give permission for pictures/videos of my child to be used for informational/promotional purposes

## Medical History

Are there any allergies we should be aware of?

Are there any special considerations we need to be aware of?

Is your Child taking any medications?

List medications:

\_\_\_\_ Yes  
\_\_\_\_ No

Is there anything else we should be aware of?

## Medical Information for Emergency Use

Medical Insurance	Doctor's Name	Policy Number	Phone Number
Medical Insurance	Doctor's Name	Policy Number	Phone Number

## Consent to Treat and Release of Liability

I have read and understood all sections of this form that apply to my child. I certify that the above named child is my child or legal ward and resides with me and has consent to participate in **New Life Church** sponsored activities. I understand that pictures, videos and other forms of media informational material produced by **New Life Church**. By providing the email address and/or phone number, I/we hereby authorize the Director of Children's and Family Ministry and other volunteers acting on behalf of **New Life Church** to contact me and/or my child using these electronic methods. I also agree that in the event that the above-named child becomes ill, injured or requires medical treatment while attending a **New Life Church** event or activity, the undersigned parent or legal guardian of the above named child hereby consent to any and all qualified physicians selected by agents or officials if the **New Life Church**. In the event that treatment is called for which a physician or other health care provider refuses to administer without my/our consent, I/we hereby authorize the Director of Children's and Family Ministry or other responsible adult accompanying this **New Life Church** group, to give such consent and further agree to how any person harmless from claims, demands, or suits of any nature arising from giving such consent so long as the treatment is administered by a licensed physician. The intention of this release is to grant authority to administer any and all examinations, treatments, anesthetics, operations, and diagnostic procedures which may now or during the course of the patient's care be deemed advisable to necessary by a qualified physician. Payment for all charges incurred for medical treatment is guaranteed by the parent/guardian, or insurance company providing coverage for the above-named child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date