

CCBC Youth Ministries Registration Form

2019-2020

Personal Information

Child's Name: _____ Gender: Male Female
Birthdate: ___/___/___ first middle last Current Grade: _____ Home Church (if any): _____
Street Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian 1: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____ Email: _____
Parent/Guardian 2: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____ Email: _____
Family Physician: _____ Physician's Phone: _____
Are there any concerns regarding who might pick up your child that we should know about? _____

Medical Information

Food Allergies: Yes No If yes, please explain: _____
Medications: Yes No If yes, please explain: _____
Medical Concerns or Other Useful Information: _____

Emergency Contact: _____ Relationship to Child: _____ Phone: _____

By signing this document, I authorize CCBC staff, leadership, and volunteers to pursue emergency medical treatment for my child if it is deemed necessary and I cannot be reached by reasonable effort using the contact information provided here.

Parent/Guardian signature _____ Date ___/___/___

Permission to Use Images and Video

I hereby grant permission for Cedar Creek Bible Church to record sounds, images, or video of my child while attending the children's ministries of Cedar Creek Bible Church. I also give permission for Cedar Creek Bible Church at its sole discretion, to use these sounds, images, or videos in any print or digital platforms.

Parent/Guardian signature _____ Date ___/___/___