



GOSPEL CHAPEL

HELPING PEOPLE FOLLOW JESUS

2024-2025 CHILDREN AND YOUTH MINISTRY REGISTRATION

Family Information

Name of Parent(s) or Guardian(s):

Address:

Email:

Phone Number:

Emergency Contact (name and phone number):

Person(s) **NOT** authorized to pick-up child(ren) other than parent/guardian/family member:

CHILD/YOUTH INFORMATION

First and last name	Gender	Birthday (M/D/Y)	Grade in Fall	Allergies or other medical concerns

Programs your child will be attending at any time during the year. Check all that may apply.

Sunday School (Age 1- Grade 5)

L.I.F.T. (Grade 3-7)

Youth (Grade 8-12)

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Purposes and Extent:

Gospel Chapel is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our church. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish Gospel Chapel to limit the information collected, or to view your child's information, please contact us.



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Photo/Video Release:

- I understand that photos or video of my child(ren) may be taken during activities and used for display in our church, on our website, and/or social media (Facebook, Instagram) group pages.
- NOTE: All photo and video records will remain at Gospel Chapel and be deleted if consent is not provided. Additional permission to post may be required at the time the photo/video is taken).
- I do **not** want my child(ren) to appear in photos or videos used for public viewing or online posting.

Liability Waiver:

IN CONSIDERATION OF the GOSPEL CHAPEL allowing my child(ren) to participate in any program activities, I agree on behalf of myself and/or my child(ren):

- TO ASSUME and ACCEPT ALL RISKS arising out of, associated with or related to my child(ren)'s participation.
- TO WAIVE and RELEASE the GOSPEL CHAPEL from any and all liability for any loss, damage, injury or expense that I or my child(ren) may suffer, or that my next of kin may suffer as a result of my child(ren)'s participation due to any cause whatsoever.
- TO INDEMNIFY and HOLD HARMLESS the GOSPEL CHAPEL from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my child(ren)'s participation.
- TO INDEMNIFY and HOLD HARMLESS the GOSPEL CHAPEL from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of me or my child(ren)'s participation.

Transportation and Medical Release:

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in Children's Ministries, including any use of private or public transportation deemed necessary by the person(s) in charge of the Children's Ministries

- for Participant travel to and from Children's Ministries activities,
- or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a Children's Ministries activity is deemed advisable.

We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the Children's Ministries.

This Consent, Authorization and Acknowledgement shall be effective from and including September 1, 2024 up to and including August 31, 2025.

Child Name(s): _____

Parent/Guardian Name: _____

Signature: _____ Date: _____