



WESTVIEW YOUTH MINISTRY  
REGISTRATION FORM 2018-19

**CHILD INFORMATION:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

Allergies or Medical Conditions: \_\_\_\_\_

Medicare #: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SECONDARY EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**MINOR PHOTO/VIDEO RELEASE**

Westview Bible Church periodically uses pictures and video footage to provide updates and news on our ministry programs, and for promotion purposes on our website, social media, and brochures. Do you consent to your child's image to be included in any picture or video that Westview Bible Church uses for these purposes?

(Circle one): YES NO

*Purposes and Extent:*

*Westview Bible Church is collecting and retaining this personal information for the purposes 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 Westview Bible Church to limit the information collected or to view your child's information, please contact us.*

*Consent:*

*I/We, the parent(s) or guardian(s) named above, authorize the ministry staff of Westview Bible Church to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.*

*I/We, named above, undertake and agree to indemnify and hold blameless the ministry staff, Westview Bible Church, its Pastors, Directors, and Board of Elders from and against any loss, damage or injury suffered by the participate as a result of being part of the activities of Westview Bible church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of Westview Bible Church.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_