



### Registration/Medical Release (RMR) Form

Today's Date: \_\_\_\_\_

1. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies or Other Concerns: \_\_\_\_\_

Circle all that apply: (Sunday) Infant, Toddler, 2 & 3's, 4- Kindergarten, Life Lessons (1<sup>st</sup> grade, 2<sup>nd</sup> grade, 3<sup>rd</sup> grade, 4<sup>th</sup> grade, 5<sup>th</sup> grade) KW2 (Wednesday) Cubbies (3-4 Year olds), Sparks (k-2<sup>nd</sup> grade), Kid's Club (3<sup>rd</sup>-5<sup>th</sup> grade)

2. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies or Other Concerns: \_\_\_\_\_

Circle all that apply: (Sunday) Infant, Toddler, 2 & 3's, 4- Kindergarten, Life Lessons (1<sup>st</sup> grade, 2<sup>nd</sup> grade, 3<sup>rd</sup> grade, 4<sup>th</sup> grade, 5<sup>th</sup> grade) KW2 (Wednesday) Cubbies (3-4 Year olds), Sparks (k-2<sup>nd</sup> grade), Kid's Club (3<sup>rd</sup>-5<sup>th</sup> grade)

3. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Mother: \_\_\_\_\_ Father: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Other approved adults that may pick up child: \_\_\_\_\_

At times the children may leave the building for activities on the church grounds.

Occasionally photos are taken of the children. They are sometimes used in our room, for a PowerPoint presentation at church or on the WOL web page. Names are not attached.

I do give my permission for pictures.  I do not give my permission for pictures.

I, for myself and any representative, hereby release and hold harmless: Word of Life Baptist Church, the Senior Pastor, the Youth Pastor, Youth Leaders, other Activity Leaders, or participants with respect to any and all negligence and/or your child's wanton misconduct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Only for parents of children who attend AWANA or Kid's Club  
or parents who will be leaving the church grounds.

(This form will be kept in a locked place.)

**Medical Release Form**

If you will be away from Word of Life Church or cannot be reached at the above phone number, please list a person to contact in case of an emergency:

\_\_\_\_\_ relationship:\_\_\_\_\_ phone:\_\_\_\_\_

Name of Insurance Company:\_\_\_\_\_

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

Policy Number (Contract #/ID)\_\_\_\_\_ Group Number:\_\_\_\_\_

Family Doctor:\_\_\_\_\_

I give permission for the above named individual to participate in the children's ministry activities at the Word of Life Baptist Church for the current year. In case we cannot be reached during an emergency, I (we) the undersigned, give permission for our child to be treated by a licensed physician, and for said physician to administer whatever care is necessary, including anesthesia, for their safety and care.

Parent/Guardian Signature:\_\_\_\_\_ Date:\_\_\_\_\_