

**PLEASANTVILLE BAPTIST CHILD & YOUTH REGISTRATION FORM**

**RESPONSIBLE PARTY INFORMATION**

Mom / Step Mom Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Dad / Step Dad Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Parent's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Dad Cell \_\_\_\_\_ Mom Cell \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ Phone # \_\_\_\_\_

**CHILDREN'S INFORMATION**

Child's Name (First & Last)	Age	Birthdate	Grade	Medicare # AND list allergies or special needs

**LIABILITY RELEASE**

I, the parent or guardian of the above registered participant release Pleasantville Baptist Church, its officers and members from any loss, personal injury, or accident to the named participant on this form or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the named participant on this form. Each participant must be covered by NS medicare or equivalent medical insurance.

In case of emergency, I give permission for the pastor/director of the children's programs to approve and obtain medical attention necessary for the participant's welfare and good health. In such situation every attempt will be made to notify the parents as soon as possible. I will be responsible for any additional expenses resulting from medical services.

In order to promote a good experience for all involved, I understand that any attendee whose behaviour is disruptive or unruly will be sent home.

I give permission for photographs and videos in which I and my child(s) appear to be used for publications and public relations activities. This may include use in print and electronic media, social media, including the internet.

Parent's Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_