

South Church Registration and Permission Form
South Congregational Church, 277 Main Street, Hartford, CT 06106, (860) 249 – 8627
PLEASE PRINT

STUDENT(S) INFORMATION

2018-2019

Child(ren)'s Home Address: _____ City: _____ Zip: _____

Child's Name: _____ Nickname: _____

Gender: _____ Birthday: _____ Age: _____ Grade: _____

Child's Name: _____ Nickname: _____

Gender: _____ Birthday: _____ Age: _____ Grade: _____

(see reverse to list more children)

PARENT / GUARDIAN INFORMATION

Guardian children live with: _____ Relationship: _____

Phone number: _____ Email Address: _____

Additional guardian: _____ Relationship: _____

Phone number: _____ Email Address: _____

EMERGENCY INFORMATION

Primary emergency contact: _____ Relationship: _____

Phone number: _____ Alternate phone: _____

Secondary emergency contact: _____ Relationship: _____

Phone number: _____ Alternate phone: _____

Physician's Name: _____ Phone: _____

Hospital Preference: _____ Medical Insurance Policy Number: _____

Allergies, medications, limitations? Additional information? (Continue on back side if necessary)

PLEASE CHECK THE FOLLOWING BOXES IF YOU AGREE TO THESE TERMS/CONDITIONS:

- I agree to hold harmless the church, its employees and volunteers, its governing board, the individual members thereof, and all other officers, agents and employees from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of participation in any South Congregational Church activity.
- I give consent for my child(ren) to participate in Sunday School, Youth Group, and other ministry events/activities provided by South Church; including transportation in ministry or personal vehicles. In the event that I cannot be reached in an emergency, I permit South Church to call 911 and/or contact a medical facility or physician to provide proper treatment, and that I will be responsible for all expenses arising in association with such treatment.
- I give permission for South Church to use any picture in which my child(ren) appear(s) on the SCC website or in other materials depicting minor children in Sunday School or Youth activities. **If you do not want your child(ren)'s picture on the website or other church materials, please do not check this box.**

Signature of Legal Guardian: _____

Date: _____

STUDENT(S) INFORMATION (cont.)

Child's Name: _____ Nickname: _____
Gender: _____ Birthday: _____ Age: _____ Grade: _____

Child's Name: _____ Nickname: _____
Gender: _____ Birthday: _____ Age: _____ Grade: _____

Child's Name: _____ Nickname: _____
Gender: _____ Birthday: _____ Age: _____ Grade: _____

Child's Name: _____ Nickname: _____
Gender: _____ Birthday: _____ Age: _____ Grade: _____