



## Children's & Youth Ministry Registration & Treatment Release Form & Waiver

Thank you so much for bringing your child to Christian Fellowship into the Children's/Youth Ministries. Our goal is to teach your child about God (Father, Son and Holy Spirit), the Bible and godly living. In order to provide the safest environment for your child, we need this form filled out completely. **Please return the form to Christian Fellowship, 3419 Walkup Road, Crystal Lake, IL 60012.** If you have questions, please call 815-459-9473.

**Please use black ink only.**

**Name of Mother & Father or Legal Guardians:** \_\_\_\_\_

**Name (First, Middle Initial, Last)**

**Age & Grade of Child**

**Birthday**

**Child's Complete Address:** \_\_\_\_\_

**Parents' Complete Address (write each parent or guardian's address if different):**

**Home Telephone Number(s):** \_\_\_\_\_ **Work Number(s):** \_\_\_\_\_

**Cell Phone Number(s):** \_\_\_\_\_

**Electronic Mail Addresses:** \_\_\_\_\_

**Medication / Food & Other Allergies / Special Medical Conditions / Care Needs of Child.**

(Please use the back for more space.)

**Medical Conditions:** \_\_\_\_\_ **Medication Allergies:** \_\_\_\_\_

**Food/Other Allergies:** \_\_\_\_\_ **Special Needs:** \_\_\_\_\_

**Emergency Contacts in the event you cannot be reached. Please list 2 emergency contacts.**

**Name/Relationship to Child & Telephone:** \_\_\_\_\_

**Name/Relationship to Child & Telephone:** \_\_\_\_\_

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**Name & Telephone Number of Pediatrician/Family Physician and Dentist to contact in case of an emergency situation in which you cannot be reached.**

**Physician Name & Telephone:** \_\_\_\_\_

**Dentist Name & Telephone:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

**Medical Insurance Company & Policy#:** \_\_\_\_\_ **Is Preapproval Required** \_\_\_\_ Y \_\_\_\_ N

**List all medications (prescription, over-the-counter or herbal) that your child takes on a regular basis.** Please use the back for additional space.

**Current Prescription, Non-Prescription or Herbal Medicines:**

*I (we) have read the Christian Fellowship policy on Protecting Minors and have indicated in writing any issues I (we) have with any provision in the policy. As the parent(s) or guardian(s) of the children listed on this form, I (we) release the Christian Fellowship of Crystal Lake Church and its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted in behalf of said minor(s) against said church, representatives, or staff. Furthermore, in the event of an accident or injury, if the children's or youth leader responsible for my children or their representatives are unable to contact the parent(s) or guardian(s) or emergency contact(s), we hereby grant permission to the children's or youth leader responsible for my children or their representatives to administer necessary first aid, and/or to take my child(ren) to the medical facility identified on this form. If the child(ren) are at an offsite event and an accident or injury occurs, we hereby grant permission to the children's or youth leader responsible for my children or representatives to administer necessary first aid, and/or to take my child(ren) to the nearest medical facility for additional treatment by a physician/medical specialist. In addition, I will notify Christian Fellowship in writing of any changes in medications, allergies or medical conditions that occur for my children while my child(ren) participate in the Children's or Youth Ministries of Christian Fellowship of Crystal Lake Church.*

\_\_\_\_\_  
Father & Mother or Legal Guardians' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father & Mother or Legal Guardians' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father & Mother or Legal Guardians' Signature

\_\_\_\_\_  
Date

Continued on Page 3—Photograph & Video Release Form (required).



## Photograph & Video Release Form

I hereby grant permission to Christian Fellowship Church of Crystal Lake to the rights of my child's image, likeness and voice sound as recorded on audio or video tape without payment or any other consideration. I understand that my child's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child's image or recording.

Photographic, audio or video recordings may be used for the following purposes:

- Church conferences / classes / meetings / gatherings / celebrations / services
- Church online website
- Church online social media websites
- Church videos (internal and external)
- Church printed materials (internal and external)
- Church advertisements (internal and external)

I understand this permission signifies that photographic or video recordings of my child may be electronically displayed via the Internet or in the public setting. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. In all areas of use, no identifying information will be included.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against Christian Fellowship Church, its staff or volunteers who may be utilizing this material.

Child's Full Name \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

☐ Please do NOT use my child's photo/video image for any purpose. (Child's name and parent/guardian signature is still required.)