CRECKSICE Children's Ministry Christian Church New Family Registration Date

9:30	

11:15

Welcome to Creekside Christian Church! Upon completion, please return this form to the Children's Ministry check-in attendant. The attendant will then assign your child(ren) to the appropriate classroom and print a name badge and receipt tag which will complete the check-in process. If you have more children to register, please fill out the parent/guardian name and child section on another form and attach it to this one.

Parent/Guardian 1

Parent/Guardian 2

	Full Name	
Home Phone:	Home Phone:	
Cell Phone:	Cell Phone:	
Marital Status \bigcirc married \bigcirc single \bigcirc separated \bigcirc divorced \bigcirc widowed	Marital Status Omarried OsinIge Oseparated Odivorced Owidowed	
Family Email:	Family Email:	
Address:	Address:	
City: Zip:	City: Zip:	
Your relation to child:	Your relation to child:	
Child 1	Child 2	
Name	Name	
Birthday / / Grade	Birthday / / Grade	
○ Male ○ Female	O Male O Female	
Allergies/health issues/restrictions:	Allergies/health issues/restrictions:	
Child 3	Child 4	
Name	Name	
Birthday / Grade	Birthday / Grade	
O Male O Female	○ Male ○ Female	
Allergies/health issues/restrictions:	Allergies/health issues/restrictions:	
Emergency Contact: (Used if none of the phone numbers listed ab	pove can be reached.)	
	Relationship to child	

Sunday School Participation Agreement

Activity Information(to be completed by the activity sponsor, Creekside Christian Church)Name of sponsor's coordinator:Sherry JuTelephone: (916) 685-4821 ext. 107		
Activities include but are not limited to: running, jumping, eating, painting,		
Date(s) and location of activity: Sunday School Creekside Christian Church		
Participation Information (to be completed by participant or authorized parent / guardian)		
Name of participant:All Referenced above (Child Information)		
Name, Address, Email of parents / guardians:As Referenced above_(Parent Information)		
Name/Phone of emergency contact:As Referenced above (Emergency Contact)		·····
List allergies, medical conditions or limitations:As designated above_(Child Information)	<u></u>	
Is sponsor authorized to approve medical treatment? (Circle one) YES No	0	
Is participant(s) covered by personal / family medical insurance? (Circle one) YES	NO	
If yes, name of insurer:		
Policy or group number:		
Preferred Hospital		

Participation Agreement

I acknowledge that participation in the activity described above involves known & unknown risks to the Participant (and to the Participant's parents or guardians, if the Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent / guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent / guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the Activity as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers or any other representatives (collectively referred to hereinafter as the "Activity Sponsor".) Further, the Participant (or parent / guardian) releases and promises to indemnify, defend and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent / guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent / guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I also authorize Creekside Christian Church and Awana to publish photos on their websites and brochures for promotional purposes. By signing below, I agree to the terms above and confirm that all the information on this form is true and correct.

Signature:	Date:
Signature:	Date:

(Participant and/or ALL parent/guardians if participant is a minor)