

ANNUAL REGISTRATION FORM FOR CHILDREN/YOUTH MINISTRY

SEPTEMBER 2016 - AUGUST 2017

Listowel Evangelical Missionary Church
1205 Tremaine Ave S. Listowel, ON N4W 3H2
519-291-2611 www.lemconline.org

We are visiting We would like further information about LEMC Please register my children

Parent/Guardian Name(s):		Cell #:
E-Mail:		Home #:
Address:	Town:	Postal Code:
Alternate Contact In Case Of Emergency (Not Parent or Guardian):		
Name:		Cell #:
Relationship to Child(ren):		Home #:

Child's Full Name:	Date of Birth: MONTH DAY YEAR
Grade in September:	I give permission for my child's photo/video to be taken. (These images may be used in publications, slideshows, website or Facebook etc.) Y N
<input type="checkbox"/> Allergies: _____ <input type="checkbox"/> My Child has medical, custody or other special needs that LEMC may need to be aware of in order to provide a safe experience. (A Staff member will contact you shortly to discuss this confidentially)	<input type="checkbox"/> H.V. <input type="checkbox"/> JUBE <input type="checkbox"/> NURSERY <input type="checkbox"/> JR <input type="checkbox"/> HIGH

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As the parent/guardian of the above named children, I give permission for them to participate in the programs and activities of Listowel Evangelical Missionary Church, understanding that there are certain dangers and risks inherent in children's programming. I give consent to the leaders of LEMC to seek emergency medical care if deemed necessary. All attempts to contact the parent/guardian will be made first in most case. I agree to be responsible for any incurred medical or transportation expenses. In consideration of the church, I/we, the parent(s)/guardian(s) jointly and severally agree to be indemnify and save harmless the Church, its officers, directors and employees of volunteers from any claims or causes or actions that might arise by reason of my child participating in any such programs and activities.

Signed: _____ (parent/or guardian) Date: _____

Visitor not brought by parent/guardian: **A parent/guardian will be required to complete a registration form if they continue attending.

The above child(ren) were brought by _____ (adult's name). I have received parent/guardian permission for them to participate in LEMC programs. _____ (Adult signature)