



FBI© Middle School Ministry Student Registration

Student Name: _____

Address: _____

City: _____ ZIP: _____ Phone: _____

Parent e-mail: _____

Age: _____ Grade: _____ School: _____

Birth date: _____ (MM/DD/YY) Home Church _____

Medical Conditions or Concerns:

(allergies, existing conditions, medication, etc.)

Parent(s) or Legal Guardian Name(s)

Emergency Contact #'s (If we need to contact you on Friday nights, how do we get a hold of you)

I, the parent or legal guardian of the child listed above, release Southridge Reformed Church, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in activities during the 2011-2012 school year.

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to Southridge Reformed Church or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Signature _____

(Parent or Legal Guardian)

Check if you do not want your student's photo included in Southridge publications and media.