



SPRING HILLS BAPTIST CHURCH

1820 Newark-Granville Rd., Granville, OH 43023

740-587-1200

springhillschurch.org

Date: _____ First Time Visitor

Child/Student Participates in the Following Ministry(s):

- Kidsville
- uTH
- Worship KidStyle
- Amplify
- Kids Choir
- Gear Up - Grades 1-5
- AWANA
- Gear Up - Middle School/High School
- Spring Hills Home School

2017-18 Child or Student Registration

TERM: June 1, 2017 - May 31, 2018



Child/Student

First Name _____

Last Name _____

Birthdate _____

Age _____

_____/____/____ Female Male

Current Grade/
Grade Last Completed

Allergies or Medical Conditions:

NOTE: Additional children in the family with **IDENTICAL contact and emergency information** may be listed on a separate "ADDITIONAL FAMILY MEMBERS" form.



Adult Family Members

FATHER / Relationship (if other): _____

First _____ Last _____

Birthdate _____ Email _____

Street _____

City, State, Zip _____

MOTHER / Relationship (if other): _____

First _____ Last _____

Birthdate _____ Email _____

Street _____

City, State, Zip _____



Family Preferred Contact Information

Preferred Phone: _____
(Number that **WILL** be answered in the event of an emergency) HOME____ MOBILE____

Preferred Email: _____

Street Address _____

City _____ State _____ Zip _____

Physician: _____

Physician's Phone: _____

Preferred Hospital: _____



Family Emergency Information

EMERGENCY CONTACT:

First _____ Last _____

Phone _____ Relationship _____

Street _____

City, State, Zip _____

PERMISSIONS

Additional children in the family with IDENTICAL contact and emergency information may be listed on a separate "ADDITIONAL FAMILY MEMBERS" form.

E

The following individuals are authorized to pickup this child from SHBC ministries or events.

Name Relationship

Name Relationship

F

I understand and agree that all persons picking up a child who is not the parent must provide a photo ID before a child is released. If another person who is not listed above is to pick up your child, you will let us know in writing when checking in your child. I also understand that without a parent tag, it will be necessary to present an ID before a child is released. I agree _____ initialed

G

Are there any persons not allowed to have contact with, or pick up, your child(ren)?
 Yes No ***If yes, please contact Spring Hills Safety & Security Director, Marvin Rutter, to provide necessary information - 740-403-1819.

H

Outdoor Permission: Weather permitting, children will be taken outside for playtime. Please dress your child accordingly (jackets, tennis shoes, sunscreen). This child has permission to be taken outside, weather permitting, for playtime on the playground and grassy areas.

Yes No _____ initialed

I

Photography/Video: I am aware that my child(ren) may be photographed/video taped and any photos/videos taken may be used in SHBC publications or on social media/websites. _____ initialed

J

Participation Agreement:

I acknowledge that participation in the activity described above involves risk 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 the 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 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.

I AGREE Yes No

DATE: _____

PRINT NAME _____

SIGNATURE _____

K

Authorization to Consent to Medical Treatment:

The undersigned consents:

1. The administration of any treatment deemed necessary by: _____
(preferred physician) Phone Number _____ or _____
(preferred dentist) _____ or in the event the appropriate specified practitioner is not available, by another licensed physician or dentist:

2. The transfer of minor to _____ (preferred hospital)
or any hospital reasonably accessible.

3. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained in writing prior to the performance of such surgery.

I AGREE Yes No

DATE: _____

PRINT NAME _____

SIGNATURE _____

ADDITIONAL FAMILY MEMBERS FORM

This form may ONLY be used if all other contact and emergency information is IDENTICAL.

1

Child/Student

First Name

Last Name

Birthdate

Age

_____/_____
Current Grade/
Grade Last Completed

Female Male

Allergies or Medical Conditions:

Child/Student Participates in the Following Ministry(s):

- Kidsville Worship KidStyle Kids Choir AWANA uTH Amplify Gear Up - Grades 1-5
 Gear Up - Middle School/High School Spring Hills Home School

2

Child/Student

First Name

Last Name

Birthdate

Age

_____/_____
Current Grade/
Grade Last Completed

Female Male

Allergies or Medical Conditions:

Child/Student Participates in the Following Ministry(s):

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3

Child/Student

First Name

Last Name

Birthdate

Age

_____/_____
Current Grade/
Grade Last Completed

Female Male

Allergies or Medical Conditions:

Child/Student Participates in the Following Ministry(s):

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4

Child/Student

First Name

Last Name

Birthdate

Age

_____/_____
Current Grade/
Grade Last Completed

Female Male

Allergies or Medical Conditions:

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This form may ONLY be used if all other contact and emergency information is IDENTICAL.

5

Child/Student

First Name

Last Name

Birthdate

Age

_____/_____
Current Grade/

Grade Last Completed

Female Male

Allergies or Medical Conditions:

Child/Student Participates in the Following Ministry(s):

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6

Child/Student

First Name

Last Name

Birthdate

Age

_____/_____
Current Grade/

Grade Last Completed

Female Male

Allergies or Medical Conditions:

Child/Student Participates in the Following Ministry(s):

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7

Child/Student

First Name

Last Name

Birthdate

Age

_____/_____
Current Grade/

Grade Last Completed

Female Male

Allergies or Medical Conditions:

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8

Child/Student

First Name

Last Name

Birthdate

Age

_____/_____
Current Grade/

Grade Last Completed

Female Male

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