

Oak Park Church of Christ KidsPark Registration and Consent Form

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Oak Park Church of Christ. Any medical information collected here serves to authorize Oak Park Church of Christ, and its Staff and Volunteers, to obtain medical assistance in emergencies. This form should be completed annually by the Parent / Care Giver.

Child's Name _____ Date of Birth _____ Grade _____

Address _____ P.C. _____

Home Phone Number _____

Parents' Cell Phone Number(s) _____

Parent's Email Address(es) _____

Allergies _____

In case of an emergency, contact _____

Does your Child have any physical, emotional, mental, behavioral concerns or limitations that staff should be aware of? ☐ Yes ☐ No

If yes, please explain:

Is your Child bringing any medication with him/her? ☐ Yes ☐ No

If yes, please list.

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

(Please turn over...)

In the case of a medical emergency, I/we, the Parents or guardians named below, authorize one of the Oak Park Church of Christ's Pastors or Program Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Oak Park Church of Christ, and its Pastors and Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Oak Park Church of Christ, as well as of any medical treatment authorized by the supervising individuals representing Oak Park Church of Christ. This consent and authorization is effective only when participating in or traveling to events sponsored by Oak Park Church of Christ.

Photos:

Please sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following ways:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Church |
| <input type="checkbox"/> Website | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Videotaping | |

Purposes and Extent:

Oak Park Church of Christ is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at Oak Park Church of Christ. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Oak Park Church of Christ to limit the information collected, or to view your child's information, please contact us.

Parent/Guardian Options:

I have read, understood and agree with above and sign it to cover all KidsPark activities for the program year effective as stated below. A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

Parents'/Guardian Signature _____

Printed Name _____ Date _____

This permission form is effective: DATE: September 1, 2020 to August 31, 2021