

PLEASE COMPLETE BOTH SIDES

2017-2018 REMIX Registration for _____
(Minor's name)

Tuesdays, October 3 - April 24, 4:00 - 7:00 PM (except Oct. 31, Nov. 22, Dec. 19 – Jan. 2, March 27)
Trunk or Treat Night - Monday, October 30

I, _____ as parent/guardian of the above named child, give him/her permission to participate in the 2017-2018 REMIX program. I release the church and its representatives from any liability in the event of an accident en route, during, or returning from this activity. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance.

SIGNED: _____ **DATE:** _____

My child will participate in: ____ **Kids Choir (4:45 - 5:15 PM)** ____ **Bell Choir (6:15 - 7:00 PM)**

Emergency Information (please print)

Minor's name _____ DOB _____ Grade (17-18) _____

Minor's address _____
Street City State Zip code

Minor's home phone _____ Minor's cell phone _____

Allergies/special needs/dietary restrictions _____

Parents'/Guardians' Names

(1) Name _____ Relationship to Minor _____

Cell # _____ Email _____

(2) Name _____ Relationship to Minor _____

Cell # _____ Email _____

In case of emergency, please list one additional contact

Name _____ Relationship to Minor _____

Phone # _____ (This is a ____ cell phone ____ landline)

Medical Insurance Carrier _____ Contact # _____

Policy # _____ Group # _____ Name of Policy Holder _____

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Medical Treatment and Authorization

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of emergency services and/or a doctor, and the providing of necessary medical treatment/services in the event that my child becomes ill or is injured. I understand that the Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. Additional information may be written on a separate sheet and attached to this document. I agree to notify the Church in the event of any health changes that would restrict my child's participation in any normal activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity they do not feel is within the physical capabilities of my child.

Signature of Parent/Guardian _____ Date _____

Car Pool/Transportation Authorization

In addition to parents/guardians and church-approved chaperones, I authorize the following persons to transport my child to or from REMIX:

_____	Phone # _____
_____	Phone # _____
_____	Phone # _____
_____	Phone # _____
_____	Phone # _____
_____	Phone # _____

Signature of Parent/Guardian _____ Date _____

Image Consent

From time to time, with parental consent, TPC may photograph or videotape children's participation in its programs and use those images in publications, Internet websites, or other media for the purpose of promoting/interpreting the programs, without compensation to parents or children. Such images, and their reproductions, remain the property of TPC. In giving consent, parents waive the right to approve the final product; and release, and forever discharge TPC, its agents and employees, from any and all claims and demands arising out of or in connection with the use of said images, including but not limited to, any claims for invasion of privacy, appropriation of likeness, or defamation.

Note: To ensure minors' identities are protected, any photos or videos published by TPC in print or electronic media (newsletters, bulletins, press releases, website/Facebook postings, etc.) **will not** have any captions, titles, tags, or descriptions that reveal the names of the relevant children.

I do give my consent for my child's image to be used as described above.

I do not

Signature of Parent/Guardian _____ Date _____