



Registration Form

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (____) _____

Parent/caregiver's cellphone: (____) _____

Home email address: _____

Home church: _____

Allergies, medical conditions, or special needs: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Crew number or name (for church use only): _____

Photo/Video Release Form

I hereby give consent to **Southport United Methodist Church** to photograph, film, videotape and use, reproduce, and publish said images of me and/or my child/children.

I agree that photographs/negatives, film, or video tapes thereof shall constitute the sole property of **Southport United Methodist Church**, with full right of disposition in any manner whatsoever, including right to publish.

I hereby release **Southport United Methodist Church** and all their legal representatives and assigns from any and all claims whatsoever in connection with the use, reproduction, publication of the images thereof.

Parent's Signature

Date

Child's Name

_____ (initials) I DO NOT want any photographs/film/video taken of my child.