

Cannon Kids Registration Form

Visitor First Time Guest

PARENT/GUARDIAN'S INFORMATION

1. _____
First Last Relation to the Child

2. _____
First Last Relation to the Child

Address: 1. _____
(Parent #1) Street Address City Zip Code

Address: 2. _____
(Parent #2) Street Address check here if same as Parent #1 City Zip Code

Cell Phone: 1. _____ Email Address: 1. _____
 2. _____ Email Address: 2. _____

CHILD'S INFORMATION

Child's Full Name: _____ DOB: _____ Age: _____ Grade: _____ Gender: Male Female
 Child's School: _____ City: _____ County: _____
 Special medical needs or concerns (food & environmental allergies, conditions, dietary needs, medications etc.; please list below)
 1. _____ 2. _____ 3. _____
 Is there any other information Cannon Church ministry leaders should also know the following about the Child named above:

Child's Full Name: _____ DOB: _____ Age: _____ Grade: _____ Gender: Male Female
 Child's School: _____ City: _____ County: _____
 Special medical needs or concerns (food & environmental allergies, conditions, dietary needs, medications etc.; please list below)
 1. _____ 2. _____ 3. _____
 Is there any other information Cannon Church ministry leaders should also know the following about the Child named above:

Child's Full Name: _____ DOB: _____ Age: _____ Grade: _____ Gender: Male Female
 Child's School: _____ City: _____ County: _____
 Special medical needs or concerns (food & environmental allergies, conditions, dietary needs, medications etc.; please list below)
 1. _____ 2. _____ 3. _____
 Is there any other information Cannon Church ministry leaders should also know the following about the Child named above:

MEDICAL AUTHORIZATION TO PARTICIPATE

MEDIA RELEASE

<p>I represent that I am the parent/guardian of above named Child, who is under 18 years of age. I have read the above form and am fully aware of the contents thereof. I give permission for the Child named above to participate in the activities of Cannon Church, including any special events. In consideration for allowing the participation of the Child named above in the activities of Cannon Church, I hereby consent on behalf of the Child to the Emergency Medical Treatment Authorization and Permission Form and give permission for the Child to participate in Cannon Church ministry events and activities in a manner as indicated above and to be released to other individuals as needed and agree that this form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns. Furthermore, I understand that my signature below certifies that the information contained herein is accurate and truthful.</p> <p style="text-align: right;">Affirm <input type="checkbox"/> Deny <input type="checkbox"/></p>	<p>I grant Cannon Church, its representatives, and employees the right to take photographs, video, and/or electronic images of any member of my family in our Family Ministries environments. I authorize Cannon Church to copyright, use, and publish the photographs, video, and/or electronic images in print and/or electronically-with or without names-for any lawful purpose to highlight and promote our Family Ministries environments. My signature below indicates that I have read and understand the above statement of release.</p> <p style="text-align: right;">Affirm <input type="checkbox"/> Deny <input type="checkbox"/></p>
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Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date