

EAST POINT FIRST MALLALIEU BULLYING PREVENTION WORKSHOP

OCTOBER 9, 2017

REGISTRATION FORM

CHILD'S NAME: _____

NAME CHILD IS CALLED: _____

MALE: _____ FEMALE: _____

ADDRESS: _____

BIRTHDAY: _____ AGE _____

PARENT/GUARDIAN: _____

RELATIONSHIP TO CHILD: _____

HOME PHONE: _____ CELL PHONE: _____

CHURCH AFFILIATION: _____

EMERGENCY CONTACT: _____ PHONE: _____

PERMISSION AND WAIVER OF LIABILITY

I grant permission for my child listed above to participate in the Bullying Prevention Workshop for which he/she is enrolled and do not hold EAST POINT FIRST MALLALIEU UMC (EPFM UMC), any of its representatives, staff or officers responsible for sickness, injury or death resulting from any physical activities at this event.

In case of medical emergency, I understand that every effort will be made to contact parent or guardian of above named. In the event that I cannot be reached, I hereby give permission to the physician selected by EPFM UMC Staff, representatives, or officers to hospitalize, secure proper treatment for my child, as named above.

PHOTO RELEASE

East Point First Mallalieu UMC has my permission to use my or my child's photograph publically to promote the church. I understand that the images may be used in print publications, online publications, presentations, and social media. I also understand that no royalty, fee or other compensation shall be payable to me by reason of such use.

Parent or Guardian Signature

Date