



Team Color:

Children's Ministry
Wednesday Night



Registration Form

Circle One: Cubbies / Sparks / T&T

Please Print

Name of Child	Age	Birthday
Address of Child	Boy or Girl	Grade
City	State, Zip	Phone
Name of Parent/Guardian	Home Phone	Cell Phone
E-Mail Address	Emergency Contact Name / Number	
Will you be on Shandon's campus on Wednesday nights?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Usual Wednesday Night Location
Are you a member of a local church?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?

My 3/4 yr old will participate in:

◇ ...Cubbies 5:30-7:45 PM

My k-5th grade child will participate in:

◇ ...MusiKids Choir 5:30

◇ ...Awana 6:15

Signed: _____

Date: _____

Service Policy

Every participating family is asked to serve in our Wednesday programs. Parents serve by assisting leaders. Understanding this, I would be willing to:

- ...serve every week.
- ...serve the first Wednesday of every month.
- ...serve the second Wednesday of every month.
- ...serve the third Wednesday of every month.
- ...serve the fourth Wednesday of every month.
- ...be placed on the week where I am most needed.

If you are serving once a month, you will receive a card indicating the weeks which you are scheduled to serve.

Understanding that it is the policy, I acknowledge my responsibility to assist/volunteer in the Wednesday night program this year in order for my child to participate.

2011-2012 Medical Release Form

To Whom It May Concern: As the parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which in the opinion of the attending physician may endanger the life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I also release Shandon Baptist Church, other organizations and individuals involved, of any liability for any accident incurred during the Wednesday night activities.

This release is intended to be used during the entire year, September 2010 through May 2011. This release form is completed and signed of my own will and with the sole purpose of authorizing medical treatment under emergency in my absence.

Minor's Name	Parent or Guardian (Please Print)
Date	Signature
Specific medical allergies, chronic illness, or other conditions	
Name of Other Contact in case of Emergency	Other Emergency Contact Phone Number