

Bayshore Christian Ministries Registration Form 2009-2010

Bayshore Christian Ministries • 1001 Beech Street • East Palo Alto, CA • 94303 • (650) 327-1139

General Information

Participant's Name: _____ Birth Date ___/___/___ Sex: M F

Parents/Guardian Name(s): _____

Address: _____

Home Phone: _____ Parent/Guardian Cell Phone: _____

Email: _____

School & phone# : _____ Grade: _____

Guidance Counselor/ Teacher (e-mail) _____

Does student have an Individualized Education Plan (IEP), Section 504 Plan or other special needs plan from school?
 Yes No

Child lives with (name): _____ Relationship: _____

Names of Siblings in a BCM Program (first and last):

Medical Information

Health Insurance Company: _____ ID# _____

Family Doctor or Clinic: _____ Phone: _____

List any Allergies: _____

Date of last Tetanus (DPT): _____

*Please notify BCM of any medications that your child needs to take during any of BCM's programs. All medication must be given to a BCM staff member and will only be administered by a BCM staff member. List all restrictions or special attention needed medicine that must be administered, etc. *Please attach/send doctor's note if applicable.*

Emergency Contact Information

Person (not living with family) to contact in an emergency (when parent cannot be reached): *This must be complete.*

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Permission to Walk Home

- YES, I give permission for my child to walk home following any BCM program or function.
- NO, I do not give permission for my child to walk home following any BCM program or function.

Permission to Participate in Biblical Teaching

- YES, I give permission for my child to participate in Biblical teaching while at any BCM program or function.
- NO, I do not give permission for my child to participate in Biblical teaching while at any BCM program or function.

Over, please.

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Participant's Name: _____

IN ORDER FOR YOUR CHILD (REN) TO BE ABLE TO PARTICIPATE IN OUR PROGRAMS, WE MUST HAVE PERMISSION FOR THE FOLLOWING:

Permission to Participate in (BCM Programs)

I give permission for my child to participate in all program activities including outings and any other functions from September 1, 2009 to October 1st 2010.

Performance/Publication/Media Rights Release

Recognizing that all items listed below are strictly for the purpose of promoting BCM programs:

- I give permission for my child to participate in all BCM activities including any public performances.
- I give permission for my child to perform creative works publicly at any activities sponsored by or arranged by BCM (i.e. functions for parents, banquets, etc.) In turn, I give BCM the right to publish and copyright any and all creative works generated by my child in the following media: book, newspaper, magazine, radio, television, videocassette, etc. (This may include videotaping performances at events like those mentioned above.)
- I further permit BCM to use any photographs, video images and sounds, and/or audio sounds of my child for the purpose of promoting BCM programs.
- I forfeit the right for me or my child to be compensated for any of the above.

Release of Liability

In case of any accident or illness during any BCM activities or during transportation to or from one of these activities, I agree to release BCM, its employees and volunteers from all liability.

Medical Release/ Permission for Treatment/ Release to Administer Medication

- I give authorization for BCM staff members to administer the medication(s) listed on Side 1 and any others in writing at a future date as authorized or directed by a doctor, parent, and/or guardian. I agree to release BCM from any liability related to medications which are permitted to be administered as noted on Side 1.
- I do hereby authorize all volunteers and employees of Bayshore Christian Ministries as a agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical and/or surgical diagnosis of treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provision of the Medicine Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or surgeon or at said hospital.
- It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician or surgeon, in the exercise of his/her best judgment, may deem advisable. I also agree to release BCM, its staff and volunteers from any financial responsibility related to any and all such diagnoses, treatment or hospital care mentioned above.

I, the parent/guardian of _____ (participant's name) have read, understood and agreed to all of the above.

(Parent/Guardian Signature)

(Date)

Note: All of the above releases will remain in effect until October 1, 2010 unless revoked sooner in writing to:
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