

# CMA Church Activity Registration Form

(please print)

Student's Name: \_\_\_\_\_  
*Last First Middle*

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Primary Phone Number: (\_\_\_\_) \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

1. Does your child have any allergies? (please list) \_\_\_\_\_

\_\_\_\_\_

2. Are any of your child's allergies life-threatening? (please describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is your child bringing any medication with him/her? (please list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does your child have any physical, emotional, mental, or behavioral concerns or limitations that our staff should be aware of? (if yes, please explain) \_\_\_\_\_

\_\_\_\_\_

5. Has your child ever had any of the following medical conditions in the past?

\_\_\_\_\_ seizures \_\_\_\_\_ asthma \_\_\_\_\_ heart disease \_\_\_\_\_ homesickness

\_\_\_\_\_ other (please list) \_\_\_\_\_

## PARENTAL CONSENT STATEMENT

I hereby consent to let my child, \_\_\_\_\_, participate in the following church activity: \_\_\_\_\_. It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of accident or sickness, The Morgantown Christian & Missionary Alliance Church, its staff, and its volunteers are hereby released from any liability.

In the case of medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative of The Morgantown Christian & Missionary Alliance Church to secure proper medical treatment. Parents will be notified immediately.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

Person to contact if parent cannot be reached \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_