

# Element: Jr. High Ministry 2020/2021

## Registration/Medical Information & Release/Photo Release Form

Church currently attending \_\_\_\_\_

I desire to participate  In person  Distance/Zoom (pick your preference)

Student Name: \_\_\_\_\_ Gender: M F

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Student Cell Number: \_\_\_\_\_

Student Email: \_\_\_\_\_

Is it ok to use student cell and email for communication purposes? Y/N

Student T-Shirt size: XS S M L XL 2XL (adult sizes)

Activities in School:

Special Hobbies or interests:

_____	_____
_____	_____
_____	_____

Parent/Caregiver(s): \_\_\_\_\_

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

Additional address (if applicable): \_\_\_\_\_

Parent/Caregiver phone numbers: Home: \_\_\_\_\_

Cell #1: \_\_\_\_\_ (Name) \_\_\_\_\_

Cell #2: \_\_\_\_\_ (Name) \_\_\_\_\_

Family Email (the one regularly checked): \_\_\_\_\_

<p>I prefer to be contacted for updates and information by:</p> <p><input type="checkbox"/> Email <input type="checkbox"/> Text Messages <input type="checkbox"/> Both Text and Email <input type="checkbox"/> Google Calendar</p>
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2<sup>nd</sup> Email (optional): \_\_\_\_\_

Names and ages/grades of siblings:

_____	_____
_____	_____

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**Student Medical Information:**

**(REQUIRED, Please list someone other than parent / guardian(s) )**

**Emergency Contact (other than parent)** \_\_\_\_\_

**Relation to the student** \_\_\_\_\_

**CELL PHONE (S)** \_\_\_\_\_ **HOME** \_\_\_\_\_ **WORK** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Are there any medical conditions or allergies that we should know about?** \_\_\_\_\_

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**Initial below and sign.**

\_\_\_\_ I authorize Fusion Youth Ministry (Element Jr High Ministry) and their staff to use photographs, video images, or other likenesses of myself and/or my child for the purposes of our website, and social media sites and/or other ministry material.

\_\_\_\_ I also grant permission, in case of emergency, for medical attention to be sought by leaders of my student's group and/or the persons in charge, if I am unable to be contacted. I understand that I will be notified immediately of any such happenings.

\_\_\_\_ I will not send my student if he/she is ill or has been in close contact with someone who has been tested positive for Covid and I will commit to keeping those of Element safe by having my student wear a mask. (Please contact Heather if you have an issue with this.)

\_\_\_\_ I expressly assume any and all risks of injury arising from or relating to the activities I have given my child permission to participate with Fusion Youth Ministry (Element Jr. High Ministry) and waive and release any and all suits or demands of any kind or nature whatsoever against Fusion Youth Ministry, staff, volunteers, or representatives arising from or relating in any way to the participant's voluntary participation in said activities.

**I have read, understood, and agreed to the information I have signed to on this form.**

**Parent/Caregiver signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

