



# Student Ministries Registration

2016-2017 | Grades 6-12

## Step 1

### Parent/Guardian 1 {student's residence}

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Parent/Guardian 2 {or other emergency contact}

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Step 2 Family Information {Parent/Guardian 1}

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

## Step 3 Individual Student's Information

### First Student

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Student Cell Phone \_\_\_\_\_  
Student Email: \_\_\_\_\_  
Allergies/Special Needs \_\_\_\_\_

### Second Student

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Student Cell Phone \_\_\_\_\_  
Student Email: \_\_\_\_\_  
Allergies/Special Needs \_\_\_\_\_

### Third Student

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Student Cell Phone \_\_\_\_\_  
Student Email: \_\_\_\_\_  
Allergies/Special Needs \_\_\_\_\_

## Step 4 Medical and Liability Release

*In the event of sickness or medical emergency where I am not present and cannot be reached, I request that my child(ren) receive any medical attention or treatment deemed necessary by the staff and/or ministry leadership of Harbor Churches. Therefore, I give permission to any hospital, doctor, and/or health care provider to treat, transport/admit my child. I grant permission for the release of medical records in the case of accident during an activity. I understand that I am responsible for all expenses and charges for the treatment and care of my child. The above named child(ren) has my permission to travel in a church owned vehicle, an approved for special use vehicle for Harbor Churches use, or a privately owned vehicle. (We will notify parents of special events requiring transportation.) I give permission for pictures and video of my child to be used on Harbor Churches websites, social media, and other in-house publicity. If I am opposed to this, I will request a denial form from a Student Ministries staff member.*

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_