



**Highland Community Church
Registration Form
2020 – 2021**

Wausau **Weston** **Merrill**
Please check the campus your child will attend.

Name of event: One Way Club

Parent/Guardian Name: _____

Other adults living in the home: _____ Relationship to child: _____

Street Address: _____ City: _____

Zip Code: _____ Home Church: _____

E-mail Address: _____ Evening Phone: _____

Child's Information

Name: _____ Male Female

Date of birth: _____ Grade in Fall 2020: _____

Allergies/Special Needs: _____

Child's Information

Name: _____ Male Female

Date of birth: _____ Grade in Fall 2020: _____

Allergies/Special Needs: _____

Child's Information

Name: _____ Male Female

Date of birth: _____ Grade in Fall 2020: _____

Allergies/Special Needs: _____

Emergency Contacts

Name: _____ Evening Phone: _____

Name: _____ Evening Phone: _____

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Parental Permission/Release

_____ has my permission to attend One Way Club.
NAME OF STUDENT(S) – List names of multiple children if applicable NAME OF EVENT

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend and participate in events being organized by the Children’s Ministry at Highland Community Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage that may occur during the course of my/our child’s involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the children ministries staff member.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Photo Release: Pictures from this event may be displayed on Highland’s website of publications and on the internet. Please check the boxes accordingly.

- My child’s picture MAY appear on the website or publications.
- My child’s picture MAY NOT appear on the website or publications.

Parent/Guardian Signature: _____ Date: _____