

# Marsh Corner Community Church Children's Ministry Registration Form [Kindergarten – 6<sup>th</sup> Grade]

1) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_ Birthdate \_\_\_\_\_  
 2) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_ Birthdate \_\_\_\_\_  
 3) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_ Birthdate \_\_\_\_\_  
 4) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_ Birthdate \_\_\_\_\_  
 5) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent /Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent /Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Relationship (friend, neighbor, coworker, etc) \_\_\_\_\_

\*\* \_\_\_\_\_ (Initials) I give permission for my child(ren) to attend Children's Ministries at MCCC.

## Medical and Image Release

Doctor 1: Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor 2: Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name	Known Conditions Allergies	Add'l Info. (inhaler, EpiPen, ect.)	Dr 1 or 2
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

\*\* \_\_\_\_\_ (Initials) I authorize the staff/volunteers trained in basic First Aid and CPR to treat my child and to secure medical treatments in an emergency. I understand that reasonable efforts will be made to contact me and then my emergency contacts. In the event that I cannot be reached I hereby give permission to the attending physicians to treat my child.

\*\* I do \_\_\_\_\_ /do not \_\_\_\_\_ (Initials) authorize and permit my child to be included in photographs and videos that may be used for display by Marsh Corner Church in informational and promotional publications, including the Marsh Corner website. I understand that no reference to the name of the children will be made alongside such images without my consent and that I will not receive compensation for the use of these images.

\*\* TURN PAGE OVER TO COMPLETE FORM \*\*

## COVID Waiver

While faithful effort will be made to adhere to state-issued guidelines for health and safety, currently including the wearing of face masks, physical distancing, hand washing, and frequent disinfecting of surfaces, I understand that MCCC cannot 100% guarantee the safety of my child or protect my child/student and/or me from risks which may be encountered as a result of my child attending MCCC Children's Ministries.

I agree to keep my child home if my child exhibits any symptoms of coronavirus (COVID-19). This includes, but is not limited to:

- Fever (100.0 degrees or above)
- Nasal congestion or runny nose
- Cough
- Sore throat
- Shortness of breath
- Fatigue
- Headache
- Muscle aches
- Nausea or vomiting
- Diarrhea
- Poor appetite
- Loss of sense of smell

In consideration of myself and my child/student participating in MCCC's children's ministries, I, and any legal representatives, heirs and assigns, hereby release, waive, and discharge MCCC, its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting therefrom including any claim or damages resulting from ordinary negligence, on account of any injury, illness or exposure to and/or contracting the corona virus (COVID- 19) or other biological agents, virus or similar bacteriological agent by me or my child/student's attendance at and participation in MCCC's educational program, including any medical expenses, injury and/or death.

\*\* \_\_\_\_\_ (Initials) I fully understand, on behalf of my child/student the risks associated with the aforementioned participation and assume any risk associated therewith.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**This Registration form is valid for the period of one year, from June 2021 through June 2022.**



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**978-682-0323 [www.marshcorner.com](http://www.marshcorner.com)**