

**2011 – 2012 Worship Ministries
Medical Release & Registration Form for Minor**

Child's Name _____ Date of Birth _____

Current School Attending _____ Grade for 11-12 School Year _____

Contact Information- Father's Name _____ Mother's Name _____

Complete Address _____

Home Phone Number: _____

Father Work Phone: _____ Mother Work Phone: _____

Father Cell Phone: _____ Mother Cell Phone: _____

Student Cell Phone: _____

Father Email _____ Mother Email _____

Student Email _____

Interested in: (check all that apply)

- Choir Praise Vocals
 Orchestra Praise Band

Instrument/Vocal Part:

Audition Times: Listed below are several time slots for audition times. Auditions are approximately 15 minutes long. Vocalists are not required to audition. Please indicate your top two choices.

Tues: 1:00-2:30pm **Tues:** 5:00-8:30pm **Wed:** 1:00-2:30pm

Thurs: 11:00am-1:00pm **Sun:** 9:30am-12:30pm ***New participants only for Sunday auditions!***

Child Lives with Both Parents yes no **OR** Please Describe Custody and Control Issues _____

Child's Family Doctor _____

Doctor's Phone Number _____

Medical Insurance Name & Policy Number _____

In the event that medical or surgical treatment is advisable or required, I grant permission for and designate the representative(s) of Foothills Bible Church to supervise and secure the services of a licensed physician or other licensed health care provider and I grant that physician or health care provider permission to provide any care advisable or necessary (including surgery and/or anesthesia) for my child's well being. I understand that there is a risk of injury or illness for my child related to this or any church activity or care and I, the undersigned parent and/ or guardian of the above-named child, for myself and my, or my child's, heirs, representatives or assigns do release, acquit, discharge, defend, indemnify and hold harmless and fully and forever discharge Foothills Bible Church and its officers, directors, agents, employees, volunteers, representatives or others acting at the direction, permission or consent of the church or representatives, or any attending physicians or health care providers from any and all claims, injuries, illnesses or property damages or liabilities arising out of any activity or treatment of any sickness or injury incurred by my child. This release excepts out the gross negligent or criminal conduct of the specific actor. It is the intention of this release that the above-named representatives and specifically any attending physician or health care provider incur no liability whatsoever while attending to the reasonable necessary treatments, surgery, and any other medical need that they deem appropriate. The undersigned also gives permission for the above-named child to ride in any vehicle and driven by any person designated by any representative of the church. In the event any child is sent home, at the sole and absolute discretion of any representative of the church, the undersigned agrees to pay any transportation or other costs or expensed regarding this decision.

My student has: A Specific Medical Condition; Special Needs; Severe Allergies; Epi-Pen

Please take a moment to explain **all** specifics/information needed to care for your minor while under the care of FBC staff or volunteers: _____

The above mentioned minor has my permission to attend and participate in all FBC Worship Ministries sponsored activities except those that I have indicated below.

Exception(s): _____

Video/Photo Release - Please check appropriate box: Yes No

Foothills Bible Church (FBC) may, at its discretion, take photographs or videotape of participants at events. The resulting images may be used for two purposes: to promote the event or a similar event in the future and/or to archive the event for historical purposes. By checking yes, you give FBC your explicit permission to use potential images taken of your child for these purposes, and you give permission for your child's photo and/or video to be used in FBC publications, FBC Websites, and other FBC media purposes.

Signature of Parent or Guardian

Date

Getting to Know the Music Ministry 2011-2012

Name: _____

Part in the Music Ministry: _____

Spouse's name; if you're married: _____

If you have children, what are their names?

What do you do for a living? _____

Favorite song we do at Foothills:

What is the weirdest thing you have every eaten? _____

What is your favorite Bible verse? _____

If someone offered you an all expenses paid trip to anywhere, where would you go and why?

Please list a few general prayer requests that we can pray over during the upcoming year.

Your
Picture
Here

