Abide Baptist Church

To register your child/children for the Children's Ministry at Abide, would you please fill out this form.
This information will be used for administration, communication, safeguarding, and emergency purposes.

CHILDREN'S MINISTRY REGISTRATION FORM	
Child/Children Details:	
First Name:	**Surname:**
Child 1:	Child 1:
Child 2:	Child 2:
Child 3:	Child 3:
Child 4:	Child 4:
Date of Birth:	**Age / Gender:**
Child 1:	Child 1: M / F
Child 2:	Child 2: M / F
Child 3:	Child 3: M / F
Child 4:	Child 4: M / F
Child's School:	**Child's Grade:**
Child 1:	Child 1:
Child 2:	Child 2:
Child 3:	Child 3:
Child 4:	Child 4:
Home street address:	
Medical information and medication instructions: All medication must be given to the Team Leader on duty, clearly labelled with the child's name and accompanied by written instructions explaining when and how the medication must be administered.	
Allergies, medical conditions, medication, and special instructions:	
Child 1:	Child 1:
Child 2:	Child 2:
Child 3:	Child 3:
Child 4:	Child 4:
Parent / Guardian Details:	
Parent/Guardian 1 name and surname:	Parent/Guardian 1 mobile number:
Parent/Guardian 2 name and surname:	Parent/Guardian 2 mobile number:
Emergency contact name (1):	Emergency contact number (1):

Emergency contact name (2):	Emergency contact number (2):
Medical Aid Scheme:	Medical Aid Number:

INDEMNITY FORM:

I confirm that I am the parent or legal guardian of the child/children registered in this form and that I have authority to provide this consent. I give consent for my child/children to participate in the Children's Ministry activities at Abide Baptist Church, including the Abide Bible Club.

I understand that participation in these activities carries ordinary risks. On behalf of myself, my child/children, my spouse, and my executors, I indemnify and hold harmless the Sending Church, Honeyridge Baptist Church, Abide Baptist Church, their pastors, elders, employees, and volunteers from claims arising from injury, loss of life, or loss of or damage to property connected with these activities, except where such claim arises from intentional misconduct or gross negligence. I understand that reasonable precautions will be taken for the safety and welfare of my child/children.

In addition, I consent to Abide Baptist Church processing the personal information provided in this form in terms of the Protection of Personal Information Act 4 of 2013. This information may be used for Children's Ministry administration, planning, safeguarding, emergency contact, record-keeping, and communication about church-related activities that may apply to me and my child/children. Abide Baptist Church will take reasonable steps to keep this information confidential and secure.

Name & Surname:	
Signature:	**Date:**