

**Zion Reformed Church  
Student Ministries Registration Form  
2011-2012 Ministry Year**

**Student's Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ Phone # \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Is your child in general good health and able to participate in all activities? YES NO  
*If not, please explain* \_\_\_\_\_

Does your child need to take any medications? YES NO  
*If yes, please list medication and purpose* \_\_\_\_\_

Are there any special conditions that we should be aware of? YES NO  
*If yes, please list* \_\_\_\_\_

Food Allergies?: \_\_\_\_\_

Male _____	Female _____
Birthdate _____	Age _____
School _____	
Grade _____	
Member of Zion Reformed Yes ___ No ___	
Member of another church: _____	

By signing this form, I hereby certify that the above information is correct and grant permission for the use of photographs and videos including my child be used on Zion's website/Facebook or for in house publicity; for my child to be transported to and from off campus activities; for the release of medical records in case of illness or injury; and for the student named herein to engage in all activities except as noted by me. I also give my permission to the physician selected by Zion to secure proper medical treatment for the student named herein in case of illness or injury.

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

\_\_\_\_\_  
Date