



Christian Life Fellowship

600 7th Street | PO Box 40

Port Edwards, WI 54469

Ph. 715-887-3565

Email: info@clfonline.org

Website: www.clfonline.org

REGISTRATION AND RELEASE FORM FOR MINORS

Student Information (please fill out a copy of this form for each minor child)

Full Name:	Nickname:
Address:	Birthday (MM/DD/YY):
City, State, ZIP:	Gender: Male Female
School Name:	School Grade:
Child's Email Address:	Child's Personal Phone:

Parental Information

Father's Name:	Father's Phone Number:
Mother's Name:	Mother's Phone Number:
Custodial Parent(s):	Home Phone:
Parent Email Address:	
Home Church if not CLF:	

Medical Information

Physician's Name:	
Health Insurance Company:	
Policy Number:	
Known Allergies:	
Current or Chronic Condition(s):	
Medications Now Taking:	
Are immunizations current?	Last Tetanus Vaccination:
Is there anything that would prevent or restrict this student's participation? If yes, please explain.	

Emergency Contact

Name:	Relationship to Student:
Address:	Phone Number:

Medical, Liability, and Media Release:

In the event of sickness, injury or medical emergency, I request that my child receive any medical attention or treatment deemed necessary. Therefore, I give permission to any hospital, doctor and/or health care provider to transport, treat and admit for care of my child and to release information pertaining to the diagnosis and treatment of my child to CLF staff or volunteer personnel. I understand I am responsible for all expenses and charges for any treatment or care provided. In the event that I am not present at the time of the emergency and cannot be contacted, our child has been entrusted to the staff and designated ministry leadership of Christian Life Fellowship while attending any church related function or activity both on and off church grounds. I also authorize Christian Life Fellowship to disclose my child's personal and medical information with staff and volunteers that will be caring for my child as well as with any health care provider. I also release Christian Life Fellowship, its agents, staff, employees and volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness or death which may be sustained by my child as the result of any participation in church sponsored or related functions or activities. By signing this registration form I agree to the release or use of digital/print media including still photographs and video production of my child that will be produced, used or distributed by Christian Life Fellowship for church purposes. This signed form is only valid for 12 months from date of signature.

Signature of Parent/Guardian	Date
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