

MHS Parent Registration / Permission Form

Student Information

STUDENT'S name _____ First Name STUDENT 'Goes By' _____

Grade _____ School _____ Birthdate ____/____/____

Gender? MALE or FEMALE Does Student have Facebook? YES or NO Does Student Text? YES or NO

STUDENT RESIDES at this ADDRESS:

Address _____ City _____

State _____ Zip _____ HOME Phone # [____] - ____ - ____ STUDENT Cell [____] - ____ - ____

STUDENT Email _____

LifeGroup Friend Request [same grade/gender] _____ LifeGroup Leader Request _____

Parent[s] / Legal Guardian[s] Information

Parent/Legal Guardian #1 Check here if Parent/Legal Guardian DOES NOT reside at address above.

Name _____ Relationship _____ [i.e. mother/father/step-mother]

Email _____ Cell [____] _____ - _____

Parent/Legal Guardian #2 Check here if Parent/Legal Guardian DOES NOT reside at address above.

Name _____ Relationship _____ [i.e. mother/father/step-mother]

Email _____ Cell [____] _____ - _____

Does the Parent[s]/Legal Guardian[s] the Student RESIDES WITH attend Mars Hill? YES or NO

Additional Emergency Contact Name _____ Phone [____] _____ - _____

Any Allergies / Health Alerts / Special Needs we should be made aware of? _____

If it is unsafe for your child's image to be used in occasional photographs or videos outside of the Mars Hill Student Room [advertising pieces, Shed images, website, etc] please state why here: _____

My child _____, has my permission to attend fifty6, fifty6 Sunday Edition, the element or Anthem at Mars Hill Bible Church (the Church), and to be a member of a small group [LifeGroup] with other students and one or two adult leaders. I also consent to my child participating in RELA Nights and other scheduled LifeGroup events that take place outside of schedule programs at Mars Hill Bible Church. I understand that this may involve my child riding in an automobile with his/her LifeGroup leader. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. I have legal custody of the student named above, a minor, and have given my consent for him/her to attend events being organized by the Church. I understand that there are inherent risks involved in any ministry or event, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires first aid or the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary. I understand that the Church will make a reasonable attempt to contact me/us as soon as possible following the need for medical treatment for my child. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I waive any claim for compensation related to Mars Hill's use of recordings of my child and I agree not to hold Mars Hill and its officers, employees, and agents liable in any way arising out of or relating to the use of recordings of my child. I am aware that, in regards to fifty6 Sunday Edition, my child will receive an identification number that will be displayed above the screens during the main services on Sundays if there is an emergency. If I see his/her number, I will immediately report to the student room.

Your signature indicates that you have read and agree to the above and that you are this student's parent/legal guardian:

Print Parent/Legal Guardian name

Parent/Legal Guardian Signature

____/____/____
Date