

**Piedmont Community Church**  
**Sunday School and Nursery Registration**  
**2011-2012**

Please complete this form and return to Leslie Quantz in the CE building. List children from oldest to youngest. If you have more children to register, please fill out another form and attach it to this one.

**Parent 1**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Male       Female

**Parent 2**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Male       Female

**Child 1**

Male       Female

Name \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Special Instructions/Allergies \_\_\_\_\_

**Child 3**

Male       Female

Name \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Special Instructions/Allergies \_\_\_\_\_

**Child 2**

Male       Female

Name \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Special Instructions/Allergies \_\_\_\_\_

**Child 4**

Male       Female

Name \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Special Instructions/Allergies \_\_\_\_\_

Can your children take communion? Y or N

Can your children be photographed? Y or N

Please list any adults, not previously listed who are authorized to pick up your children

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permission and Acknowledgement of Risk and Waiver Form  
PIEDMONT COMMUNITY CHURCH STUDENT MINISTRIES  
400 Highland Avenue, Piedmont CA 94611 510.547.5700 ext. 109**

This form serves as consent of permission for participation in PCC Children's Ministries events and activities.

Activity: Sunday School

Date: September 11, 2011 through September 12, 2012

Participant information: (Please list all children in your family)

Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Phone Numbers \_\_\_\_\_

List any current Allergies \_\_\_\_\_

Illnesses \_\_\_\_\_

Physical Problems \_\_\_\_\_

Medications \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Name of insured \_\_\_\_\_

Plan ID # \_\_\_\_\_

***Parent/Guardian: Please Read and Sign the Following:***

As the Guardian of the Participant, I agree to the following:

- I hereby give my permission for my children to attend and participate in the activity listed above, and I authorize the trip sponsor to furnish any necessary transportation, food and lodging for the participants;
- I agree to waive any and all rights and claims for damages that I or my spouse may have against Piedmont Community Church, the trip sponsor and its agents, employees, and representatives for any and all injury, damage, or loss sustained by the participants arising directly or indirectly from the trip;
- I further agree that, in the event that I, my spouse, the participant or another child in my care should make any claim against the trip sponsor for the damage, injury, liability, costs of suit, judgments, or loss arising directly or indirectly out of the trip, I personally indemnify, defend and hold harmless the trip sponsor and its agents, employees, and representatives against any and all such injury, damage or loss;
- I authorize the trip sponsor or their representative to obtain any medical treatment for the participants that should appear to be necessary during the trip, and I will be responsible for the payment of expenses relating to such illness or injury; furthermore, should it be necessary for the participants to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs;
- I affirm that I have the right to authorize and agree to the foregoing. I have carefully read and understand this agreement, and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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***Piedmont Community Church Child and Youth Protection Policy –available in hard copy in the Children's Ministry office or on line at [www.piedmontchurch.org](http://www.piedmontchurch.org) – click on "children" and "Child and Youth Protection Policy"***

I \_\_\_\_\_ (please print name) acknowledge receipt of the Youth Protection Policy of the Piedmont Community Church. I have read and understand this policy. If a parent, I have reviewed the policy with my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please check all that apply:*

Staff member

Parent

Volunteer

Other \_\_\_\_\_