

## FaithWeaver Friends Registration Form

Complete 1 form for per child

### Family Information

Name of child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade entering \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Known allergies (including food) \_\_\_\_\_

Special needs \_\_\_\_\_

What else would you like us to know about your child? \_\_\_\_\_

### Emergency Contact Persons

Parent/Guardian name(s) \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Cell or work number \_\_\_\_\_

Neighbor/friend name \_\_\_\_\_ Phone number \_\_\_\_\_

### Volunteers

As a parent I would be willing to help in the following areas:

\_\_\_ nursery(weekly) \_\_\_\_\_ circle leader-elementary (weekly)

\_\_\_ snack coordinator (weekly) \_\_\_\_\_ computer work (as needed)

\_\_\_ assist at special events (5-7x/yr) \_\_\_\_\_ substitute (as needed)

\_\_\_ sound tech (weekly) \_\_\_\_\_ photographer (as needed)

### Payment Information:

The cost for the FaithWeaver Friends Club is \$30 per child, with a maximum of \$60 per family.

Please check one of the following.

Attached is:

\_\_\_ cash \_\_\_ check \_\_\_ scholarship request

Make checks payable to Grace Community Church.

Write "FaithWeavers" on the memo line.

## MEDICAL RELEASE, WAIVER OF LIABILITY, INDEMNITY AGREEMENT

This form must be completely filled out and signed by a guardian in order for the child to be registered. If you have any questions, please contact the church office.

Child's name \_\_\_\_\_

Use: FaithWeaver Friends Club 2005/2006 at Grace Community Church

Medical Insurance \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Secondary Insurance Information \_\_\_\_\_

By signing below, I agree that I will take responsibility for inspecting and insuring the safety of the participant, meeting, and other areas and facilities within Grace Brethren Church of Frederick, Inc., d.b.a. Grace Community Church, in Frederick, Maryland ("Grace Community Church"). I hereby release, waive, discharge, and covenant not to sue Grace Community Church, its pastors, elders, trustees, members, employees, operators, promoters, officials, sponsors, advertisers, other participants, and any and all other persons in or upon the athletic facilities, spectator area, playing field or grounds of Grace Community Church (all of whom for the purposes herein are referred to as "the Releasees"). In addition, I release the Releasees from all liability to me or my personal representatives, assigns, heirs, and the next of kin for any and all damages, and any claims thereof, based upon my participating in, viewing, or attending any event at Grace Community Church.

I also agree to indemnify and save and hold harmless the Releasees for any loss, liability, damage, or cost they may incur due to their negligence or as the result of any other action by them in, around, or upon the athletic facilities and/or while they and/or the participant is competing, participating in, officiating in, observing, working for, or in any other way associated with an event at Grace Community Church. I also assume full responsibility for, and risk of, bodily injury, death, or property damage due to the negligence of the Releasees while I am competing, participating in, officiating in, observing, working for, on or in any other way associated with an event at Grace Community Church. I expressly acknowledge and agree that the activities at a sports event, and in and around the sports playing areas, are dangerous and involve a high risk of serious injury and/or death and/or property damage. I further expressly agree that this Release, Waiver of Liability, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the laws of the State Maryland, and that if any portion thereof is held invalid, I agree that the balance of this document shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily signed this Release, Waiver of Liability and Indemnity Agreement, and I agree that it embraces each and every event sanctioned, authorized, or promoted by or within the Grace Community Church, whether by the Grace Community Church directly or any other person or entity.

I, having authority to do so, grant permission to the Grace Community Church and it's agents to provide necessary and emergency care to the subject of this form. I hereby authorize treatment and transportation to the most appropriate medical facility and also authorize any and all measures needed to stabilize and remove any life threatening injuries, sickness or disease. I also authorize treatment of injuries or diseases as to provide comfort and start the healing process. I realize that all attempts to reach me or another, listed on the opposite side of this page, will be taken prior to or in conjunction with any treatment. I release the Grace Community Church and it's agents from any liability incurred from the above treatment or materials used to carryout the treatment.

Parent or Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_