



Name _____ Date _____

DOB _____ Special Note: _____

Allergies/Food Allergies: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Grade (fall) _____ ☐ Girl ☐ Boy

Parent's Full Name _____

Parent's email _____

Level: _____ Small Group: _____



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PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child, _____,
captured during children's services or events through video, photo and digital
camera, to be used solely for the purposes of: _____
_____(church) website, promotional material, social media, and
publications; and waive any rights of compensation or ownership thereto.

Name of Child: _____ Age: _____

Name of Parent/Guardian: _____

Parent/Guardian's Signature: _____

Date: _____

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