



Name		ate	Name		Date
DOB	Special Note:		DOB	Special Note:	
Allergies/Food Allergies:			Allergies/Food Allergies:		
Address			Address		7
City	State	Zip	City	State	
Phone	Grade (fall)	O Girl O Boy	Phone	Grade	• (fall) • Boy
Parent's Full Name			Parent's Full Name		
Parent's email			Parent's email		
Level:	Small Group:		Level:	Small Grou	p:



Name			Date
DOB	Special Note:		
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City		State	Zip
Phone		Grade (fall) _	O Girl O Boy
Parent's Full Name			
Parent's email			
Lovola		Small Groups	



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DOB	Special Note:			
Allergies/Food Allergies:				
Address				
City		State	Zip	
Phone		Grade (fall) _	O G	
Parent's Full Name				
Parent's email				
Level:	S	mall Group:		

PHOTO/VIDEO RELEASE FORM

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

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