

JAM Registration Form

212 W Washington St, Lancaster, MO 63548, USA 660-457-3598 • lancastercc3598@gmail.com

Put the name of the child you are registering in the Child's Name field. Put the parent/guardian information below Medical Notes section. Name of each Parent/Guardian that will be picking up child(ren) must be listed. If additional space is needed, please use the blank page on the back of the form. Additional child(ren) can be added on the next page.

Child's Name				
Address				
City		State/Prov.	Postal Code	
Age	Birthdate		 Grade	
Medical notes Allergies/Food restrictions	s/Behaviors/Needs/Conc	erns		
Full Name of Parent/Guardian		Phone		
Email		Relationship to child(ren)		
Address				
City		State/Prov.	Postal Code	
Full Name of Parent/Guardian		Phone		
Email		Relationship to ch	Relationship to child(ren)	
Address		1		
City		State/Prov.	Postal Code	

Child's Name				
Address				
City		State/Prov.	Postal Code	
Age	Birthdate		Grade	
Medical notes Allergies/Food	restrictions/Behaviors/Nee	eds/Concerns		
Child's Name				
Address				
City		State/Prov.	Postal Code	
Age	Birthdate		Grade	
Medical notes Allergies/Food	restrictions/Behaviors/Nee	eds/Concerns		
Child's Name				
Address				
City		State/Prov.	Postal Code	
Age	Birthdate		Grade	

Medical notes

Allergies/Food restrictions/Behaviors/Needs/Concerns

Child Pick-up (NOT allowed) We understand that children are not always picked up by their parent/guardian. Please list any perso that is NOT allowed to pick up your child(ren).
Individuals NOT allowed to pick-up
Terms and Conditions I understand that my child may participate in physical activities. As with any activity, there is risk of injury, and I fully accept this risk and hold Lancaster Christian Church harmless from any legal liability.
□ I agree.
☐ I do not agree.
Terms and Conditions I grant permission for my child to travel to and from JAM related events in the church van or private vehicle. I agree to hold Lancaster Christian Church and JAM volunteers harmless in the event of a vehicle accident.
□ I agree.
☐ I do not agree.
□ Other
Terms and Conditions In the event that an emergency arises that requires immediate medical attention, I understand that every effort will be made to contact one of the above persons listed. If no one can be contacted, I giv my permission to Lancaster Christian Church and JAM volunteers to secure medical services and transport my child if necessary to the closest hospital or urgent care facility.
□ I agree.
☐ I do not agree.
Terms and Conditions I agree that Lancaster Christian Church may use my child's photograph, video and/or work on the church Facebook page or website, in the local newspaper or other forms of advertisement.
□ I agree.
□ I do not agree.
□ Other
Parent/Guardian Signature I have read the terms and conditions above, and by typing my name here I am signifying that I agree to these terms and conditions, unless I selected "I do not agree" as an option.
Signature & Date