

**NEW ERA REFORMED CHURCH  
Registration/Medical Release Form**

PLEASE PRINT/WRITE CLEARLY

(Name)	(Date of Birth)	(Current Grade)	
(Address)	(City)	(State)	(Zip Code)
(Home Phone)	(Parent Cell Phone)	(Text – Yes or No)	(Parent Work Phone)
(Parent E-Mail)	(Student E-Mail)	(Student Cell Phone) (Text – Yes or No)	

Church regularly attending: \_\_\_\_\_ Shirt Size \_\_\_\_\_

In the event of an emergency, sponsors/leaders of New Era Reformed Church will first try to contact the parent/guardian, second the emergency contact listed. If no one can be reached and to assure the health and safety of \_\_\_\_\_, I hereby authorize and appoint as my attorney-in-fact, NEW ERA REFORMED CHURCH and its sponsors/leaders to arrange for medical and dental care, and to give oral or written consent in my absence for medical and dental treatment including surgery deemed necessary by a licensed physician. My signature also serves to indicate my willingness to take full medical insurance responsibilities for my son/daughter and to release New Era Reformed Church and its sponsors/leaders from any and all liability.

(Parent/Guardian Name)			
(Address – if different or a 2 <sup>nd</sup> address where child also lives)	(City)	(State)	(Zip Code)
(Home Phone)	(Cell Phone)	(Work Phone)	

Emergency Contact (other than a parent):

(Name)	(Relationship)		
(Address)	(City)	(State)	(Zip Code)
(Home Phone)	(Cell Phone)	(Work Phone)	

List any physical disabilities, which may limit your son/daughter's activities. Include any chronic or existing medical conditions and problems (ex: diabetes, epilepsy, asthma, etc.):

List **all allergies** to medicines, food, or environment:

List any special medication that your son/daughter uses:

(Primary Insurance Carrier)	(Group/Policy Number)	
(Insured's Name)	(Relationship)	
(Name of Physician)	(Address)	(Phone)
(Name of Dentist)	(Address)	(Phone)

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

**New Era Reformed Church (NERC)**

4775 First St  
New Era, MI 49446  
231-861-2501

**Parent/Guardian Photograph Release Form**

Dear Parent/Guardian:

As we grow and develop our church’s website and bulletin, we use photographs of church members and students participating in related activities and events. These photographs will be used for the sole purpose of visually enhancing our website, Facebook page and newsletters. They may also be used in press releases.

Out of concern for the privacy of congregation members and students, we want to secure parental permission before publishing photographs of any minors participating in the student ministries at new Era Reformed Church.

**Please note that no information (name, grade level, etc.) would be published – only photographs of activities or events.**

We value your family’s participation and support in our Students Ministries and ask for your permission to include images of your child/children.

-----

**We must have a signed copy of this form in our records granting or denying permission for us to use your child/children’s photograph for our church’s website, Facebook page, newsletters and press releases. Please supply the requested information on the form below.**

Child’s Name (Please Print all if more than one): \_\_\_\_\_

\_\_\_\_\_

I understand, as a parent/legal guardian of the above named child(ren), that in signing this form I am giving New Era Reformed Church and the Student Ministries therein, permission to use photographs of my child(ren) on the church’s website, in the church bulletin, Facebook ministry pages, and in any press releases.

**Permission (Please circle , sign & date one of the following)**

**Yes**, I give permission to use my child/children’s pictures with confidence that no information (name, grade level, etc.) will be published – only photographs of activities or events.

Parent/Legal Guardian Signature: \_\_\_\_\_

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

**Deny Permission**

**No**, I deny permission and refuse to have my child/children’s pictures used. Any photograph that uses a recognizable picture of my child/children is not to be used unless I give particular written permission in contrary to this statement.

Parent/Legal Guardian Signature: \_\_\_\_\_

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

If you have questions or concerns, please contact the NERC Office. Thank you!