



Today's Date: _____ Key Fob #: _____
 Campus Location/ Service Time: _____
 _____ Birmingham _____ Columbus
 _____ Online (Specify Location) _____

First Time Guest Registration Form – PLEASE PRINT

PARENT/GUARDIAN INFORMATION:

Full Name of Person Checking Child/Teen In: _____
 Relationship to child/teen: _____ Self _____ Mother _____ Father _____ Other (please specify) _____
 Birthdate (mo/day/year): _____ Best Contact Number(s): (_____) _____
 Email Address: _____

CHILD/TEEN INFORMATION:

1. Child/Teen's Full Name:			_____ Male _____ Female
Age:	Grade:	Birthday (mo/day/yr)	
Allergies/Health Concerns: (ex.: glasses, hearing aid, asthma, insect or food allergies, special needs, etc.)			
2. Child/Teen's Full Name:			_____ Male _____ Female
Age:	Grade:	Birthday (mo/day/yr)	
Allergies/Health Concerns: (ex.: glasses, hearing aid, asthma, insect or food allergies, special needs, etc.)			
3. Child/Teen's Full Name:			_____ Male _____ Female
Age:	Grade:	Birthday (mo/day/yr)	
Allergies/Health Concerns: (ex.: glasses, hearing aid, asthma, insect or food allergies, special needs, etc.)			
4. Child/Teen's Full Name:			_____ Male _____ Female
Age:	Grade:	Birthday (mo/day/yr)	
Allergies/Health Concerns: (ex.: glasses, hearing aid, asthma, insect or food allergies, special needs, etc.)			

Liability/Medical/Media Release (Initial each section and Sign)

Activities: I authorize Minor(s) to attend and participate in activities offered by Faith Chapel, its representatives, and employees. I agree, individually and on the behalf of Minor(s), to release and to hold Faith Chapel harmless from any liability resulting from his/her participation in Faith Chapel activities. _____ **Initial**

Injuries: In the event that Minor(s) are injured during the Faith Chapel activities, and I am unable to provide consent to his/her medical treatment, I authorize a Faith Chapel representative to consent on my behalf to the performance of any and all medical treatment judged necessary by Faith Chapel or authorized medical personnel. I agree, individually and on behalf of Minor(s), to release and hold Faith Chapel harmless from and against any liability, which may be assessed against Faith Chapel as a result of said medical treatment. I agree to pay or arrange for payment for all cost associated with said medical treatment. _____ **Initial**

Photos/Videos: I grant Faith Chapel, its representatives, and employees the right and permission to publish, distribute and/or use photographs/video/audio of any member of my family in the Faith Chapel Family Ministry classrooms and/or ministry environment. I authorize such productions for use in its own media productions, through commercial media and/or online media, in print and/or electronically – with or without names – for any lawful purpose or advertisement. _____ **Initial**

My signature below indicates that I have read and understand the above statement of release.

Responsible Person's Signature: _____ **Date:** _____

Our Vision: We grow people up through God's Word to REFLECT JESUS (His Character, His Power, & His Influence)

Faith Chapel – Family Ministry

CALL: (205) 785-9673 or (205) 380-2990 / WEBSITE: www.faithchapel.net/family

For Staff Use Only: 1st Time Guest Follow-Up Calls *(Please initial and date when complete.)*

Follow-Up Date: _____ 1st Attempt _____ 2nd Attempt _____ 3rd Attempt
Left a Message: _____ 1st Attempt _____ 2nd Attempt _____ 3rd Attempt

Additional Staff Follow-Up Needed *(specify why)*: _____

Discussion Notes: _____

Additional Parent Information if not provided on front *(for Fellowship One profiles)*:

Mother's/ Guardian's Name: _____ Birthdate: _____

Address: _____ City/State: _____ Zip: _____

Best Contact Number(s): () _____ OR () _____

Email Address: _____

Father's/ Guardian's Name: _____ Birthdate: _____

Address: _____ City/State: _____ Zip: _____

Best Contact Number(s): () _____ OR () _____

Email Address: _____

Emergency Contact Name/Relationship to child: _____

Best Contact Number(s): () _____ OR () _____