



Children's Church REGISTRATION

Child's Details:

FIRST NAME	
SURNAME	
GENDER	
GRADE	
NAME OF SCHOOL	
DATE OF BIRTH	

Please indicate any food allergies or dietary needs that your child may have.

Please indicate if your child has any health, learning or special needs concerns.

Address where Child lives:

PHYSICAL: _____ _____ _____	POSTAL: _____ _____ _____
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Details of Parents or Guardians

<u>Father/ Parent 1</u> First Name: _____ Surname: _____ Tel (h): _____ Tel (cell): _____ Email: _____	<u>Mother / Parent 2</u> First Name: _____ Surname: _____ Tel (h): _____ Tel (cell): _____ Email: _____
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INDEMNITY FORM

I, _____ (Parent/Guardian) do hereby consent to

_____ (Name and surname of child)

participating in **Children's Church** and do hereby declare that I know and understand the conditions set out herein and that I agree to abide by such conditions, as well as by any other conditions, rules and/or regulations which may be imposed by **West View Methodist Church** pertaining to my child's participation in Children's Church.

Conditions:

1. West View Methodist Church and its employees, servants, teachers, volunteers, representatives and/or agents shall not be liable for any loss and/or damage in any circumstances whatsoever arising from and in respect of my child's death, injury, loss and/or damage to person and/or property, howsoever caused and howsoever arising.

2. I hold harmless and indemnify West View Methodist Church, its employees, servants, teachers, volunteers, representatives and/or agents, against any claims of whatsoever nature, including costs and expenses in respect of my child's death, injury, loss and/or damage to person and/or property irrespective of whether such death, injury, loss and/or damage to person and/or property may have been caused by an act or omission, whether negligent or otherwise, of any such employee, servant, teacher or volunteer, representative and/or agent of West View Methodist Church. Such Representative will facilitate with the best care they can provide to prevent such harm.

3. I acknowledge that I have signed this indemnity of my own free will and volition and that I have not been induced to sign this indemnity as a result of duress and/or any representation of whatsoever nature by any official, servant, representative, agent, volunteer, teacher or employee of West View Methodist Church.

Signed at Centurion on this the _____ day of _____ Year: _____

Signature of Parent/Guardian