



**WEDNESDAY NIGHT MINISTRIES**  
STUDENT REGISTRATION FORM

**PARENT/LEGAL GUARDIAN:**

_____	_____
First and Last Name	Relationship to Student(s)
_____	_____
Address	Phone #
_____	
Email	

**EMERGENCY CONTACT:**

_____	_____
First and Last Name	Relationship to Student(s)
_____	_____
Address	Phone #
_____	
Email	

**ADDITIONAL AUTHORIZED PICK-UP PERSONS (note: for your child's safety, any persons not included here will not be permitted to pick up your child):**

_____	_____
First and Last Name	Phone #
_____	_____
First and Last Name	Phone #

**STUDENT 1:**

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Birthday

\_\_\_\_\_  
Address (if different from parent/legal guardian)

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Phone Number (optional)

\_\_\_\_\_  
Student Email (optional)

Please list any allergies, medical conditions, or special instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your student is 6<sup>th</sup> grade or older, can they check themselves in and out? \_\_\_\_\_

Will your student be driving themselves to NextGen? \_\_\_\_\_

If applicable, can they check out younger siblings? \_\_\_\_\_

**STUDENT 2:**

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Birthday

\_\_\_\_\_  
Address (if different from parent/legal guardian)

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Phone Number (optional)

\_\_\_\_\_  
Student Email (optional)

Please list any allergies, medical conditions, or special instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your student is 6<sup>th</sup> grade or older, can they check themselves in and out? \_\_\_\_\_

Will your student be driving themselves to NextGen? \_\_\_\_\_

If applicable, can they check out younger siblings? \_\_\_\_\_

**STUDENT 3:**

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Birthday

\_\_\_\_\_  
Address (if different from parent/legal guardian)

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Phone Number (optional)

\_\_\_\_\_  
Student Email (optional)

Please list any allergies, medical conditions, or special instructions: \_\_\_\_\_

\_\_\_\_\_  
If your student is 6<sup>th</sup> grade or older, can they check themselves in and out? \_\_\_\_\_

Will your student be driving themselves to NextGen? \_\_\_\_\_

If applicable, can they check out younger siblings? \_\_\_\_\_

\_\_\_\_\_  
The undersigned parent/legal guardian hereby gives my child permission to take part in youth activities sponsored by Journey Church of River Falls, WI.

Should my child require immediate medical care while engaged in an activity sponsored by Journey Church, in my absence, I hereby grant Journey Church to release my child for medical treatment to such medical personnel as Journey Church determines appropriate under the circumstances.

In consideration of allowing my child to participate in youth activities at Journey Church, I agree to release and hold harmless Journey Church, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in any student activity which may be directly or indirectly sponsored by Journey Church.

\_\_\_\_\_  
Parent or Legal Guardian (Please Sign and Print Name)

\_\_\_\_\_  
Date



## PHOTO/VIDEO RELEASE FORM

By signing below, I give Journey Church of River Falls, WI the permission to record still photography, audio or video recording of my child and use his or her picture in the church digital, electronic or print media. Journey Church will never publish a child's name with any of its publications.

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian (Please Sign and Print Name)

\_\_\_\_\_  
Date