

"EQUIPPING THE SAINTS TO EVANGELIZE THE NATIONS"



ELIM CHRISTIAN FELLOWSHIP

BISHOP T. ANTHONY BRONNER, SENIOR PASTOR

Date ___/___/___

Ministry _____ Picture# _____

Elim Christian Fellowship Youth Ministry –Registration Form

First Name _____ Middle Name _____ Last Name _____

Address _____ Male ___ Female ___

City _____ State: _____ Zip code: _____

Home Phone _____ Cell Phone _____

D.O.B ___/___/___ Email address _____

Name of attending school _____ Grade _____

Parent Email _____ How do you get to Church? _____

Ministry of Interest
(Which Ministry are you registering for)

Nursery _____ Children Church _____ Youth Church _____ Mentoring Ministry _____

Dance Ministry _____ Youth or Children Choir _____

Previous Ministry Involvement

Attend Girls to Women? **(Circle one)** Yes or No - # of years attended? _____

Attend Boys to Men? **(Circle one)** Yes or No - # of years attended? _____

Member of the Girls Worship Dance? **(Circle one)** Yes or No - # of years attended? _____

Member of the Children's Choir? **(Circle one)** Yes or No - # of years attended? _____

Do you consider Elim Christian Fellowship – your church home? Yes or No

If No, The name of your Church _____ or I don't have a church home _____

Church Address _____ City, _____ State _____ Zip code _____

Have you ever been Saved (Accepted Christ) ? _____ When _____ Have you ever been baptized? _____

Primary Guardian (Who do you live with?) _____ are they **Member of Elim? Yes or No**

Address _____ City _____ State _____ Zip Code _____

Telephone # _____ Cellular # _____

Father's Name _____ Mother's Name _____

Emergency contact _____ Telephone # _____

Sisters and Brothers (name and ages) _____

"EQUIPPING THE SAINTS TO EVANGELIZE THE NATIONS"



ELIM CHRISTIAN FELLOWSHIP

BISHOP T. ANTHONY BRONNER, SENIOR PASTOR

Release of Liability & Permission Form

I, _____, release Elim Christian Fellowship, of all liability as a result of personal injury to (child's name) _____, while participating in Elim Christian Fellowship or Elim Community Corporation youth ministries.

_____ *Parent(s) signature*

_____ *date*

Additional Info:
Health problems:

Special Medical needs:

Emergency Contact:
Name:

Phone#:

By signing this form, you also agree to allow ECF and ECC to photograph, record on video, or in any other way document your child's participation in this program.

_____ *signature* _____ *date*

"EQUIPPING THE SAINTS TO EVANGELIZE THE NATIONS"



ELIM CHRISTIAN FELLOWSHIP

BISHOP T. ANTHONY BRONNER, SENIOR PASTOR

Emergency Medical Authorization

In the event that I cannot be reached in an emergency, I give permission to Elim Christian Fellowship and Elim Community Corporation to secure the most appropriate and proper treatment, order injections, hospitalization, emergency anesthesia and/or surgery for my child.

I further understand that every effort will be made to contact me before such orders are given, or as soon as possible thereafter.

Parent/Guardian (print): _____ Date: _____

Participant: _____

Address: _____ Tel.: _____

Cell: _____

My insurance information is as follows:

Insurance Company: _____

Insurance Card #: _____ Group# _____

Primary Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health Problems: _____

Medications: _____

Special Medical Needs/ Allergies: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Signature: _____ Date: _____