

# J.A.M. Night 2011-12 Registration Form

I am not ashamed of the gospel, because it is the power of God for the salvation of everyone who believes... Romans 1:16



Name \_\_\_\_\_ Grade \_\_\_\_\_ Boy/Girl \_\_\_\_\_  
(circle one)

Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone/beeper \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Church \_\_\_\_\_ Parent email address: \_\_\_\_\_

Total Cost: Full year \$15/child (\$30 cap per family) \*\*\*fee includes all special events

Includes program, book, supplies. **There is no charge for the children/grandchildren of weekly J.A.M night adult team members. Please make checks payable to Faith Community Church.**

Faith Community Church publishes photos and videos of our events in church communications and on the church web site. For our full photo policy, including instructions if you do NOT want the church to publish photos of yourself or your children, please see the Photo/Video Policy at [fch.org/forms](http://fch.org/forms).

Medical/health issues, allergies, special concerns \_\_\_\_\_  
\_\_\_\_\_

To whom should your child be released at the end of the evening's activities? \_\_\_\_\_  
\_\_\_\_\_

**Permission Statement:** I understand and certify that my child's participation in the Faith Community Church J.A.M (Jesus And Me) Night program is completely voluntary. I understand that JAM Night is a Christian Ministry and will include Biblical teaching consistent with the Christian faith. I recognize that certain risks are inherent in recreational activities. I acknowledge that although Faith Community Church has taken safety measures to minimize risk, the church cannot guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. My signature below gives permission for my child to participate in all activities. I further recognize and have instructed my child in the importance of knowing and abiding by JAM Night's rules, regulations and procedures for the safety of all participants. In an emergency, I understand that I will be contacted, if at all possible, and my child's physician will be contacted, if at all possible. In the event that he/she/I cannot be reached, I give permission to the JAM Night director or his/her designee to take our child to a doctor or hospital and authorize medical treatment. I understand that any and all medical expenses incurred during this emergency are my responsibility and that medical insurance coverage is not provided by Faith Community Church. This authorization shall remain in effect until August 1, 2012 unless sooner revoked in writing and delivered to Faith Community Church, 146 East Main St., Hopkinton, MA.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Physician

\_\_\_\_\_  
Physician's Telephone