



# Leadership Registration & Medical Release



Leader Name (First & Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Would you like to receive texts  No  Yes Please print Clearly  
 Uniform Needed  No  Yes Size \_\_\_\_ (see secretaries to order)

Health Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
 Hospital you prefer \_\_\_\_\_  
 Health issues, allergies, restrictions? \_\_\_\_\_  
If none, please write "None"

**Medical Release**  
 "In the event that I cannot be reached in an emergency, I hereby give my permission to the physician, or dentist selected by the club leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for myself (\*child) mentioned above as deemed necessary." Signature is needed at bottom of form.

**Personal Questions**  
All information on this form and from the background check will be kept confidential.

Do you have any contagious or communicable diseases? \_\_\_\_\_  
 Do you have any physical or mental limitations? \_\_\_\_\_  
 Have you ever been treated for a nervous or mental illness? \_\_\_\_\_  
 Do you smoke, drink alcohol or use drugs? \_\_\_\_\_  
 Have you ever hospitalized or treated for substance abuse? \_\_\_\_\_  
 Have you had a life experience that may hinder you from productive ministry with children? \_\_\_\_\_  
 Have you ever been asked to leave a children's ministry? \_\_\_\_\_

*If there are any yes answers, please see the commander.*

**For the safety of our children, the protection of our leaders and our program, a background check will be conducted.**

Information in grayed fields is only needed for first-time leaders.

Briefly state your conversion and Christian experience. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**References**

PERSONAL: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_  
 PERSONAL: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_  
 PERSONAL: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Church

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Leaders Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*Parents signature required if leader is under 18 years of age.*  
Adult Leader signature is required for medical release.

**Please Notify Us If Any Of This Information Changes.**