NSOM Registration for Minor

(West Florida Network School of Ministry Student Application for Minor's)

Child's Name	
Parent/Guardian Name	
Address:	
Email:	
Phone Numbers: Home Work	
Age information Date of Birth Last school grade completed:	Age:
Home Church:	-
Allergies/Medical Information / Other n	need to know issues:
Emergency Contacts: Name Name	
of ministry location the class will be held. I/we not provided) and are ok with them driving off School of Ministry or the West Florida Ministry incident/accident that may involve said minor If child is under the age of 16 or does in pick-up/drop-off arrangements and in no way, Ministry Network of the Assemblies of God liable I/we understand that the school of minor CPR certified person on the grounds during a Florida Ministry Network of any harm should a	driver's license, I/we allow them to drive to and from the school also understand that they may be on their own for lunch (if f site for their meal. I/we will in no way, hold the Network y Network of the Assemblies of God liable for any while driving to/from or during scheduled class. NOT have a valid driver's license, I/we will make appropriate, hold the Network School of Ministry or the West Florida ble for any incident/accident that may involve said minor. inistry location being utilized may or may NOT have a first aid the instructional time and release the facility, NSOM, and West medical incident occur involving said minor. In the individual student that has voluntarily registered for and liabilities for said student that has voluntarily registered for
(Parent(s)/Guardian(s) Signature	Date