

**FECDB Children's Ministry Student Registration Form**  
**鑽石崗羅省基督教會兒童事工學生註冊表**

Child's Name 孩子姓名: \_\_\_\_\_ Gender 性別:  M 男  F 女 Grade 級別: \_\_\_\_\_  
First and Last Name (If in summer, upcoming Fall)

Name your child likes to be called 孩子喜歡被稱呼的名字或別名: \_\_\_\_\_

Date of Birth (MM/DD/YY) 出生日期 (月/日/年): \_\_\_\_\_

Parent's Zone (Check One) 家長所屬牧區:  Cantonese 粵語  Mandarin 國語  English 英語

Others 其他: \_\_\_\_\_

Home Phone 住所電話: \_\_\_\_\_

Primary Contact Person 主要聯絡人:  Father 父親  Mother 母親  Both 父親和母親

Father/Guardian's Name 父親/ 監護人姓名: \_\_\_\_\_

Cell Phone 手提電話: \_\_\_\_\_ E-mail 電郵地址: \_\_\_\_\_

Mother/Guardian's Name 母親/ 監護人姓名: \_\_\_\_\_

Cell Phone 手提電話: \_\_\_\_\_ E-mail 電郵地址: \_\_\_\_\_

Home Street Address 住址 (門牌號數, 路, 公寓號數): \_\_\_\_\_

City 城市: \_\_\_\_\_ State 州: \_\_\_\_\_ Zip 郵遞區號: \_\_\_\_\_

Please check the session your child will be attending: 9:30am-11am 11am-12:30pm Both 兩個時段  
請問你的孩子會在哪一個時段出席?

Name of the School your child is attending 孩子的學校名稱: \_\_\_\_\_

Sibling Information (Name & age/grade) 兄弟姊妹的資料 (姓名和歲數/ 級別):

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List any existing medical conditions, medication and/or special attention your child may require?  
請列出你孩子的特殊需要 (身體特別狀況, 需要服用的藥物, 等)。

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Allergies 過敏: \_\_\_\_\_

Allergy Action Plan (if life-threatening) 遇到過敏情況時所需採取的措施（若會危害到生命）：

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List any physical/medical limitations (hearing, speech, vision, etc.) or learning disabilities 請列出任何身體上的限制（聽覺，言語，視覺，等）或學習障礙：

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Any special concerns or comments you wish to share about your child 其他需要特別關注的事項：

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**Medical Consent, General Release of Liability & Indemnification Agreement**  
**醫療同意，豁免責任和補償合同書**

Child's Name 孩子姓名: \_\_\_\_\_ Date of Birth 出生日期: \_\_\_\_\_

I give permission for Child to attend and participate in Activities sponsored by First Evangelical Church of Diamond Bar ("FECDB"). In consideration for my Child being accepted by FECDB for participation in Activities, I hereby release, and forever discharge and agree to hold harmless FECDB, its employees and its volunteer worker/staff ("Staff") from any and all liability, claim or demand for personal injury, sickness or death as well as any property damage and costs and expenses, of any nature whatsoever which may be incurred by the Child while the Child is participating in Activities occurring during the said period.

I assume all risk of personal injury, sickness, death of the Child and property damage and cost and expense which may result from the Child's participation in Activities. Further, I give authorization and permission to FECDB to furnish any necessary transportation, food and lodging for the Child.

I agree to hold harmless and indemnify FECDB, its employees and agents, and its Staff against any and all liability sustained by FECDB, its employees, its agents and its Staff, as result of the negligent, willful or intentional acts of the Child including costs and expenses and attorney's fees incurred.

I authorize an adult, in whose care the minor has been entrusted, to consent to any and all emergency treatment of the Child, including but not limited to, X-ray examination, anesthetic, medical surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licenses by the State of California, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I acknowledge that my medical and/or personal injury/accident insurance is primarily responsible for any and all claims resultant from the Child's participation in Activities. FECDB's insurance is secondary to my insurance.

I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and/or dental services rendered to the Child pursuant to this authorization. Should it be necessary for Child to return home due to medical reasons or otherwise, I shall assume any and all transportation costs. I also hereby give permission for the Child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in Activities.

Parent/Guardian's Name (Print) 家長/ 監護人姓名 (請以正楷填寫): \_\_\_\_\_

Signature 簽名: \_\_\_\_\_ Date 日期: \_\_\_\_\_

Home Phone 住所電話: \_\_\_\_\_ Work Phone 辦公室電話: \_\_\_\_\_

Medical Insurance Company 醫療保險公司: \_\_\_\_\_

Policy/Family Account Number 保單/ 家庭帳戶號碼: \_\_\_\_\_

Emergency Contact 緊急聯絡人: \_\_\_\_\_  
(Name 姓名) (Phone No 電話)

**Photo Release Form**  
授權公佈照片及錄像表格

I am aware that photographs or video may be taken of First Evangelical Church of Diamond Bar (FECDB) Children's Ministry participants during events, and classes by FECDB staff members, professional photographers, news media or volunteers. I also understand that my child is not required to have his/her picture taken.

I waive the right to see or approve any publications that contain photographs of my child.

I release FECDB and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of my child.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

I give FECDB and its representatives permission to use photographs or video that include my child in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters both print and email, posters, brochures, ads, post cards and web pages.

I agree to above stated photo release.

Parent/Guardian's Name (Print) 家長/ 監護人姓名 (請以正楷填寫) : \_\_\_\_\_

Signature 簽名: \_\_\_\_\_

Date 日期: \_\_\_\_\_