



New Student Registration & Media Release Form

Student Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Grade Completed: _____ Female Male DOB: ____/____/____ Age: _____

Does your child have special needs regarding their physical or emotional health?

Yes No

If YES, please explain: _____

Parents(s)/Guardian(s) first and last name(s):

Phone Number(s):

Parent/Guardian 1 (Home): _____ (Cell): _____

Parent/Guardian 2 (Home): _____ (Cell): _____

E-mail(s):

Parent/Guardian 1 _____ Parent/Guardian 2 _____

Photo/Media Waiver

I, being parent/guardian of _____, hereby consent that my/his/her image, and likeness, as shown in videotapes, photographs, and/or electronic images in which I/he/she appear(s), and/or audio recordings made of my/his/her voice may be used by Harvest Fellowship in a variety of possible media outputs, both online and around the church.

Parent or Guardian's signature: _____ Date: _____

Allergy Information

Does student have allergies? Yes No

If yes, please list all allergies (food, medicine, asthma, bee stings, etc.)

Student has never been stung by a bee, so we are unsure if he/she is allergic.