



WE ARE EXCITED TO BE HOSTING “NIGHT AT THE RODEO - BOOTS, BARRELS, AND BUCKLES” JOY PROM ON MARCH 29, 2025 FROM 6:00 PM – 9:00 PM. WE WILL HAVE FOOD, DANCING, AND PICTURES.

THE JOY PROM IS FOR SPECIAL NEEDS INDIVIDUALS , AND GROUPS ARE MORE THAN WELCOME.

YOU CAN REGISTER EITHER ONLINE OR THROUGH THIS FORM. TO REGISTER ONLINE, PLEASE GO TO WWW.FIRSTCHURCHMS.ORG, CLICK ON JOY PROM, FILL IN THE INFORMATION, READ THE DISCLOSURE LISTED AT THE BOTTOM, AND PRESS SUBMIT. IT IS VERY IMPORTANT THAT WE UNDERSTAND THE NATURE OF ANY CONDITIONS THAT MAY NEED SPECIAL ATTENTION SUCH AS FOOD ALLERGIES, SO PLEASE MAKE SURE YOU LIST THOSE ON YOUR REGISTRATION FORM. PLEASE ALSO NOTE THAT A CHAPERONE IS REQUIRED FOR EACH INDIVIDUAL OR GROUP IN ATTENDANCE. IF YOU HAVE ANY QUESTIONS ABOUT REGISTRATION, CONTACT CASIE CAMPBELL AT (859) 274-2457 OR EMAIL AT JOYPROMREG@GMAIL.COM.

NIGHT AT THE RODEO - BOOTS, BARRELS, AND BUCKLES

REGISTRATION FORM

NAME _____

CHAPERONE NAME OR GROUP _____

ADDRESS _____

PHONE NUMBER _____ EMAIL _____

MEDICAL CONDITIONS/ALLERGIES/SPECIAL CONCERNS (ANYTHING OUR STAFF MAY NEED TO KNOW):

HOW DID YOU HEAR ABOUT JOY PROM _____

FROM TIME TO TIME, FIRST CHURCH OF GOD RECORDS EVENTS, INCLUDING AUDIO AND VIDEO RECORDINGS AND PHOTOGRAPHS, IN VARIOUS ACTIVITIES AT CHURCH-RELATED FUNCTIONS. I UNDERSTAND AND AGREE THAT FCOG WILL OWN ANY SUCH RECORDINGS (AUDIO, VIDEO, PHOTOGRAPHIC, ELECTRONIC, AND PRINT) OF THE PARTICIPANT AND AUTHORIZE FCOG TO USE SUCH RECORDINGS FOR ADVERTISING, PROMOTING, OR PROVIDING PRODUCTS OR SERVICES OF FCOG.

THIS CONSENT FORM GIVES PERMISSION FOR THE STAFF AND/OR VOLUNTEERS OF FIRST CHURCH OF GOD AND THE JOY PROM TO SEEK MEDICAL ATTENTION WHENEVER IT'S DEEMED NECESSARY AND RELEASES THE CHURCH, STAFF, AND VOLUNTEERS OF ANY LIABILITY AGAINST PERSONAL LOSSES OF NAME PARTICIPANT. I CONSENT FOR HIM/HER TO ATTEND JOY PROM AND ALL ACTIVITIES PERTAINING TO THIS EVENT. I UNDERSTAND THAT THERE ARE INHERENT RISKS INVOLVED IN ANY MINISTRY, AND I HEREBY RELEASE THE CHURCH, IT'S PASTORS, EMPLOYEES, AGENTS, AND VOLUNTEER WORKERS FROM ANY AND ALL LIABILITY FOR ANY INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY THAT MAY OCCUR DURING THE COURSE OF THIS PARTICIPANT'S INVOLVEMENT. IN THE EVENT THAT HE/SHE IS INJURED AND REQUIRES THE ATTENTION OF A DOCTOR, I CONSENT TO ANY REASONABLE MEDICAL TREATMENT AS DEEMED NECESSARY BY A LICENSED PHYSICIAN. IN THE EVENT TREATMENT IS REQUIRED FROM A PHYSICIAN AND/OR HOSPITAL PERSONNEL DESIGNATED BY THE CHURCH, I AGREE TO HOLD SUCH PERSON FREE AND HARMLESS OF ANY CLAIMS, DEMANDS, OR SUITS FOR DAMAGES ARISING FROM THE GIVING OF SUCH CONSENT. I ALSO ACKNOWLEDGE THAT WE WILL BE ULTIMATELY RESPONSIBLE FOR THE COST OF ANY MEDICAL CARE SHOULD THE COST OF THAT MEDICAL CARE NOT BE REIMBURSED BY THE HEALTH INSURANCE PROVIDER. FURTHER, I AFFIRM THAT THE HEALTH INFORMATION PROVIDED ABOVE IS ACCURATE AT THIS DATE AND WILL, TO THE BEST OF MY KNOWLEDGE, STILL BE IN FORCE FOR THE PARTICIPANT NAMED ABOVE.

I HAVE LEGAL CUSTODY OF THE PARTICIPANT NAMED ABOVE, A MINOR, OR I AM OF LEGAL AGE TO CONSENT TO THESE TERMS AND CONDITIONS.

SIGNATURE

DATE