



New Covenant  
Bible Church

# GO GROUPS

## CHILD INFORMATION FORM 2019-2020

(This form must be filled out for EACH child in a ministry)

First Name:

Last Name

GO GROUP:

Date \_\_\_\_\_

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male / Female Grade 3<sup>rd</sup> / 4<sup>th</sup> / 5<sup>th</sup>

Parent(s) Name \_\_\_\_\_

Does your family regularly attend NCBC? Yes No If no, where? \_\_\_\_\_

If new information or you do not attend NCBC:

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Address of child if different than above: \_\_\_\_\_

\_\_\_\_\_

Would you consider helping in any of the following areas?

Substitute Helper Snacks

### GO GROUPS: (CHOOSE 1)

#### POWER IT UP / SERVE IT UP / TURN IT UP

Do you have insurance? YES / NO (Please circle)

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Over please, requires signature

# MEDICAL AND ACTIVITY RELEASE

*(This form must be filled out for EACH child)*

I, \_\_\_\_\_ (print parent's name), hereby give my consent to permit my child, \_\_\_\_\_ (print child's full name) to participate in the *New Covenant Bible Church* Wednesday Ministries. I understand that I will be notified prior to any offsite activities. I further understand that transportation, if necessary, for these activities will be provided by ministry leaders via the *New Covenant Bible Church* bus(es), the leaders' personal cars, or other parents' personal cars.

Additionally, I agree and consent to the Go Groups leaders securing any emergency medical treatment necessary for my child while participating in the activities. I further assume all responsibility for the decisions made and the emergency care secured for my child.

I am indicating below any pertinent information, (special needs, allergies, etc.) instructions, or restrictions regarding the health of my child:

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Where may you be reached during this time? Location \_\_\_\_\_ Phone \_\_\_\_\_

**IN CASE OF EMERGENCY, AND** \_\_\_\_\_ **CANNOT BE REACHED AT:**  
Parent name

\_\_\_\_\_, **CONTACT MAY BE MADE TO THOSE BELOW:**

(Please contact each person (**no parent of child above please**) to verify they will accept this responsibility.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

## **Photo Release:**

"I hereby give permission for the use of pictures or video/audio recording of my child for the purposes of promoting and reporting NCBC events."

## **Exit Passport Request:**

☐ **My child already has an Exit Passport**

"I hereby give permission for my child to receive an Exit Passport. A passport entitles the named applicant released from Sunday and Wednesday services. An Exit Passport is not used to release younger siblings from their rooms

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# GO Group Application

Please fill in all the information below



Child's Name: \_\_\_\_\_

Grade 2019-2020 School year: \_\_\_\_\_

Years in previous MTA (list / team): \_\_\_\_\_

Why do you want to be involved in our church? \_\_\_\_\_

\_\_\_\_\_

What do you hope to learn this year? \_\_\_\_\_

\_\_\_\_\_

## GO Group Membership Expectations:

As a participating member of GO Groups, I am committed to:

- ☐ Living more and more like Jesus both at home and at school
- ☐ Growing more and more with Jesus thru completing weekly devotions
- ☐ Attending weekly Go Groups training\*
- ☐ Serving weekly at Church
- ☐ Serving during scheduled special events (FX, Big Church, etc.)\*

5<sup>th</sup> Grade only: Are you interested in applying to be a Jr. Leader? \_\_\_\_\_

*\*Except for occasional absences*