POUPS	NEW C To Groups Child Inform This form must be	nation	licat Form 2	tion 2021-:	2022	First Name
Date						Φ
Child's First Name Child's Last Name						
Birth Date		Age				
🗆 Male 🛛 Female	Grade	: 🛛 3rd	🛛 4th	🛛 5th		
Parent(s) Name						
Does your family regularl	y attend NCBC? 🛛 Y	es 🛛 No Ifr	no, where?	,		
If new information or yo	u do not attend NCB	C:				
Home Phone						Qs
Address						- 7
City		Zip				Name
Mother's Work Phone		Cell				
Email						
Father's Work Phone		Cell				
Email						
Address of child if differen	nt than above:					
Would you consider help	ing in any of the follo	wing areas? □ Snacks		Co-leader		GO G
Expectations: To participate in these commitment and full e Christlike behavior at h devotions, Scripture me mornings. Just like in a may result in dismissal	ngagement, just as th ome, church and scho emory, and regular at sports team, leaders from the team.	ey would on bol, Go Group cendance on or kids who d tations abov	a sports te s expectat both Wedi lon't meet /e.	eam. In add tions includ nesday nig	dition to le regular hts and Sunda	
New Covenant Bible Ch	nurch ▶ 3090 N Center ncbc.church ▶ 319.3		edar Rapids	s, IA 52411	New Cover	nant S

Office Use Only

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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 off-site 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:

Where may you be reached during this time? _____

Location_____ Phone _____

IN CASE OF EMERGENCY, AND ______ Parent Name ______

CANNOT BE REACHED AT:

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 _____

Do you have insurance? D YES **D** NO

Policy Number: _____

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."

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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 _____



Last Name

GO Group

irst Name

Go Group Agreement

Please have your child complete the information below:

Child's Name
Grade 2021-2022 School year:
Years in previous Go Group (list / team)
Why do you want to be in a Go Group?
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 through completing regular devotions
- Attending weekly Go Groups*
- Serving on Sundays at New Covenant Bible Church
- Serving during scheduled special events*

*Except for occasional absences

 \Box I understand these expectations and agree to them.

 \Box I understand I must do these things in order to be a part of Go Groups.

Name	 Date .	

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