

**MT. ZION BAPTIST CHURCH**  
**ONE CHURCH, TWO LOCATIONS**



1905 MARTIN LUTHER KING, JR. DR.  
 901 S. WESTOVER BLVD.

Daughter's of Zion Youth Empowerment Ministry Registration Form 2018-2019	
<b>Girl's Information</b>	
Full Name	
Age	
Birthday (MM/DD/YYYY)	
Grade	
School	
Teacher	
<b>Parent's Information</b>	
Mother's Name	
Father's Name	
Parent Signature	
Address	
Phone (Home)	
(Cell)	
(Work)	
Email Address	
Email Address	
<b>Medical and Emergency Information</b>	
Known Medical Conditions	
Known Allergies	
Current Medications	
In case of emergency contact	
Emergency Contact's Address	
Emergency Contact's phone	
<b>Other Information</b>	
Who can pick up the child other than parents? Relationship?	
Who can receive the child if she has to be taken home? Relationship?	

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## Daughters of Zion Media Release Form

I, \_\_\_\_\_, parent / guardian of \_\_\_\_\_, do hereby grant Mount Zion Baptist Church the unlimited right to utilize and/or reproduce photographs, likeness, or the voice of my child in any legal manner for the internal or external promotional / informational activities of the Mount Zion Church website.

I also agree to allow my child to be interviewed and/or photographed by representatives of the internal MZ Media – A/V Ministries in relation to any and all coverage of Mount Zion Baptist Church in which they are involved.

I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Street Address of Parent / Guardian

\_\_\_\_\_  
Today's Date