

MT. ZION BAPTIST CHURCH
ONE CHURCH, TWO LOCATIONS



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

Daughter's of Zion (DOZ)
Youth Empowerment Ministry
Registration Form 2019-2020

Girl's Information

Full Name

Age

Birthday (MM/DD/YYYY)

Grade

School

Teacher

Parent's Information

Mother's Name

Father's Name

Parent Signature

Address

Phone (Home)

(Cell)

(Work)

Email Address

Email Address

Medical and Emergency Information

Known Medical Conditions

Known Allergies

Current Medications

In case of emergency contact

Emergency Contact's Address

Emergency Contact's phone

Other Information

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