

For safety purposes we must receive a new form for each family every year.

Parent/Guardian Information:

Contact Information:

*Children should only be registered by parent/legal guardian

Parent/Guardian: _____ Cell # _____ Relationship: _____

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Address: _____ City: _____ St: _____ Zip: _____

Email: _____ Home Church: _____

Child(ren) Information: (List each child on a separate line)

First Name	Last Name	Birth Date	Gender	Cell # (if they have one)
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____

If ANY child listed above has allergies or special needs please explain below:

Name: _____

Name: _____

Who may pick up your child(ren) other than you/your spouse? _____

Emergency contact _____ Relationship to children _____

Home phone _____ Cell Phone _____

MEDICAL & PHOTOGRAPH RELEASE

1. I, _____, being the parent or legal guardian to the above listed child(ren), hereby give my consent to the authorized parties of First Baptist Church Collinsville for emergency, medical, and surgical treatment of this minor in a licensed hospital by a licensed physician should his/her condition so require it in my absence. I understand that in such a case, reasonable attempts will first be made to contact me (time and conditions permitting). As long as the medical or surgical treatments considered necessary in the situations are in accordance with generally accepted standards or medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment.

2. I GRANT _____ /DO NOT GRANT _____ permission for photo(s) of my child(ren) to appear, among other general club photos as long as there is no identifying information, on the First Baptist Church Collinsville website or Facebook page.

3. I GRANT _____ /DO NOT GRANT _____ permission for my child(ren) to ride the church van on church related activities.

Signed _____

Date _____