



# 2017/2018 Kid's Club Registration Form

## Consent to Participate

I hereby give permission for my child to participate in Faith Baptist Church's programs, events and/or activities (September 1, 2017 – September 1, 2018).

Child: \_\_\_\_\_

Father: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell: \_\_\_\_\_

Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_\_

## Release of Liability / Release to Provide Care

By signing this registration form, I assume all risks (i.e. injuries or damage that may occur as a result of walking, running, falling, playing, eating food or drink, receiving medical attention and any other risk whether known or unknown) for this child's participation and accept personal financial responsibility for any possible loss. I further release Faith, its workers, deacons, member, ministry or pastoral staff from any legal claims the child, parent, guardian, or anyone else may have as a result of participating in any of Faith's programs, events and/or activities. I hereby give consent that my child may receive reasonable medical treatment that may be deemed advisable in the event of injury, accident and/or illness during any of Faith's programs, events and/or activities.

Allergies/Medical Conditions: \_\_\_\_\_

## Media Release

I understand that my child may be photographed while participating in Faith's programs, events and/or activities and I agree to allow my child's photo, video or film likeness to be used for any legitimate purpose by Faith volunteers, workers, ministry or pastoral staff.

## Authority to Sign

I represent that I am the parent or guardian of the above named child and have the full authority to register this child to participate in any of Faith's programs, events and/or activities. I acknowledge that I have carefully read and understand this document. In signing this document I take full responsibility and legal liability for this child while at Faith.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Emergency Contact: Name and Phone Number

**\*\*List siblings at end of form!\*\***

## Siblings

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions/Medical Conditions: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions/Medical Conditions: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions/Medical Conditions: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions/Medical Conditions: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions/Medical Conditions: \_\_\_\_\_