

KIDS' CORNER

Registration Form

Consent to Participate

I hereby give permission for my child(ren) to participate in First Baptist Johnson City (FBJC) programs, events, and/or activities.

Media Release

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

PLEASE PRINT

Child: _____ Birthdate: _____ Gender: _____ Age: _____ Grade: _____

Child: _____ Birthdate: _____ Gender: _____ Age: _____ Grade: _____

Child: _____ Birthdate: _____ Gender: _____ Age: _____ Grade: _____

Child: _____ Birthdate: _____ Gender: _____ Age: _____ Grade: _____

Father: _____ Cell: (____) _____

Mother: _____ Cell: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _(____) _____ Email: _____

IMPORTANT REQUIREMENTS ON REVERSE: PLEASE TURN FORM OVER AND COMPLETE.

Release of Liability

I acknowledge that participation in any FBJC programs, events, and/or activities by this (these) child(ren) may involve the risk of property damage and/or personal injury, illness, disease, or death. The risks are inherent in any indoor or outdoor programs, events, and/or activities whether directly or indirectly involved in the activity. 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 (these) child(ren)'s participation and accept personal financial responsibility for any possible loss. I further release FBJC, its volunteers, workers, deacons, members, ministry, and/or pastoral staff from any legal claims the child(ren), parent, guardian, or anyone else may have as a result of participating in any FBJC programs, events, and/or activities.

Consent to Medical Treatment

I hereby give consent that my child(ren) may receive reasonable medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during any FBJC programs, events, and/or activities.

PLEASE SPECIFY WHICH CHILD HAS THE CONDITION(S) LISTED BELOW. *If multiple children, please specify which child.*

Allergies: _____ **Medical Conditions:** _____

Behavioral or Custodial Concerns: _____

Authority to Sign

I represent that I am the parent or guardian of the above named child(ren) and have the full authority to register this (these) child(ren) to participate in any FBJC 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 FBJC.

Parent or Legal Guardian Signature

Relationship

Printed Name

Date Signed

Emergency Contact Person: Relationship

Emergency Contact Number

We will not release a child to anyone other than the parent/guardian who presents for pick-up with the slip given at time of check-in.