

# Act-Up / Sing-Out

Mondays from 3:15 to 4:45 p.m. – Beginning September 10, 2018

for Kids in Grades 1 thru 6 Space is Limited!

*Due to the nature of this program, it is important that children be able to attend regularly!*

Child's Name: \_\_\_\_\_ Grade in School (in 2018-19): \_\_\_\_\_

Church Home: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

In case of an emergency during which a parent cannot be reached, who should be contacted?

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

Persons (other than parents) authorized to pick up the child: \_\_\_\_\_

Please specify any allergies, medications, or special needs of the child: \_\_\_\_\_

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Do you foresee any conflict with the child being able to attend the following?:

- Mondays – 3:15 to 4:45 p.m. (If school is cancelled due to inclement weather – Act-Up / Sing-Out will also be cancelled that day)
- Sundays this Fall & Spring – perhaps once a month during the 10:45 worship service we will have a group of students who will present puppet scripts as part of our children's worship service
- Sunday, November 18<sup>th</sup> – a.m. worship services at FBC & perhaps the Community Thanksgiving Service that evening (location TBA)
- Sunday, November 25<sup>th</sup> – p.m. – Special Music for Hanging of the Green Service
- We will likely sing for at least one Awana Opening on a Wednesday night this fall; specific date TBA

If there are conflicts to the above, please specify: \_\_\_\_\_

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Terms & Conditions:

\*I understand that my child may participate in physical activities related to Act-Up / Sing-Out. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, First Baptist Church, Cameron and any persons involved in Act-Up / Sing-Out.

\*In the event of an emergency that requires medical treatment for the above named child, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give permission to the Act-Up / Sing-Out volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being. I assume responsibility for all costs connected to any accident or treatment of my child.

\*I grant permission for my child to be photographed as they participate in activities and understand that these photos may be used for publicity in both printed and electronic formats. No identifying information will be shown.

I have read and agree to the Terms and Conditions stated above.

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