

Student Registration Sheet

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell phone: _____

Email: _____

In case of emergency contact: _____ # _____

Family Members attending:

Name	Age	Grade	School	Transport Need?	Allergies/ Medical Condition
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	

My Child/Children have my permission to attend First Baptist Church Wednesday nights and events. I give First Baptist Church (FBC) permission to seek medical attention for the above student/students if necessary. I hereby and voluntarily release, discharge, waive and relinquish any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death occurring to my child during his or her involvement with First Baptist Church activities.

I give permission for any photos taken during FBC activities to be used for publicity.

I give permission for my child to be transported in FBC vehicles.

If my child needs to be removed from the activity for disciplinary or health issues, I will pick them up promptly.

Parent/Legal Guardian Signature

_____ Date _____