

# Student Registration First Baptist Church of Fremont

2019-2020

WWW.FREMONTFBC.ORG

**I GIVE PERMISSION:** My Child/Children have my permission to attend Wednesday night First Baptist Kids Club / Youth Group and events. I give First Baptist Church (FBC) permission to seek medical attention for the above child/children 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(ren) 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(ren) to be transported in FBC vehicles.

**IF MY CHILD(REN):** needs to be removed from an activity for disciplinary or health issues, I will pick them up promptly.

Date: \_\_\_\_\_

Parent / Legal Guardian Signature \_\_\_\_\_

Child Name: \_\_\_\_\_ (age) \_\_\_\_\_ (Grade) \_\_\_\_\_

Child Name: \_\_\_\_\_ (age) \_\_\_\_\_ (Grade) \_\_\_\_\_

Child Name: \_\_\_\_\_ (age) \_\_\_\_\_ (Grade) \_\_\_\_\_

Child Name: \_\_\_\_\_ (age) \_\_\_\_\_ (Grade) \_\_\_\_\_

Will your Child(ren) need transportation for Wednesday Night activities? Yes or No

Mother /Guardian Name (PRINT) \_\_\_\_\_

PHONE# \_\_\_\_\_

EMAIL: \_\_\_\_\_

FATHER/ Guardian Name (PRINT) \_\_\_\_\_

PHONE# \_\_\_\_\_

EMAIL: \_\_\_\_\_

CHILD'S ADDRESS: \_\_\_\_\_

Emergency Contact (PRINT) \_\_\_\_\_

NAME

Phone Number

Are there any allergies or medical conditions? (Who?, What? Can use back of page if need more room)