

Parent and Contact Information:

Parent (s): _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City/State/Zip: _____ Cell Phone: _____
 Church: _____ Email: _____
 Emergency Contact during B.T.:
 Name: _____
 Phone: _____

Child(ren) Information:

Name (First, Middle, Last)	Birth Date	School Grade	Gender	Guest of

Medical Information: (Allergies, Medicines, Special Needs)
 Doctor's Name and Phone Number: _____

Child's Name:	Info:
Child's Name:	Info:
Child's Name:	Info:
Child's Name:	Info:
Child's Name:	Info:

Authorized Person(s) to pick up Child(ren): _____

- 1) I understand that my child(ren) may participate in physical activities during RAs & GAs. 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 Bradenton and any persons involved in the RAs & GAs Ministry.
- 2) In the event of an emergency that requires medical treatment for the above named child(ren), I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the RAs & GAs Volunteers to secure the services of a licensed physician to provide the care necessary for my child(ren)'s well being. I assume responsibility for all costs connected to any accident or treatment of my child.
- 3) I grant permission for a photo of my child to appear in an unpublished directory to be used by RAs & GAs Leaders only. I also give permission for photo(s) of my child(ren) to appear among other general photos as long as there is no identifying information shown.
- 4) I grant permission for my child to travel to/from RAs & GAs events with an adult leader. Any such event will be clearly communicated with me beforehand.

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

X _____
 Signature of Parent/Guardian

 Date