



# Participant Registration Form

Name: \_\_\_\_\_ Age \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_  
School Name \_\_\_\_\_ School ID: \_\_\_\_\_ **DISD: Y or N** Grade \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone \_\_\_\_\_ **Social Media:** Facebook: \_\_\_\_\_  
Instagram: \_\_\_\_\_ Twitter: \_\_\_\_\_ SnapChat: \_\_\_\_\_  
**Ethnicity:** (Please circle) Black / Hispanic / White / Native American Other: \_\_\_\_\_

### Parent/Guardian #1 – Contact Information (If minor)

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

### Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Child lives with: \_\_\_\_\_ Person responsible for payment \_\_\_\_\_

### Emergency Contact Information – Alternate Pickup/Release

#### Emergency Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_  
Please list those people including in addition to parents/guardians who are permitted to pick up your child:  
1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

### Medical Release Information

Insurance Information: Name of Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_  
Primary Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required treatment	Should paramedic be called?
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child or participant presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Is your child or participant allergic to any type of food or medication?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Does your child or participant require a special diet?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.



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**In case of medical emergency contact:**

Name	Phone #	Relationship to Child

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that Fit and Faithful Living will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as participant/parent/guardian.

Participant Parent's/Guardian's Initial \_\_\_\_\_

**IF BGCD Student: TUITION INFORMATION:** \$20 Membership Fee and \$45.00 weekly fee paid by money order to Boys and Girls Club. Contact Oak Cliff Boys and Girls Club at 214.372.4661 located at 2907 Linfield Road, Dallas, TX 75216 to set up membership.

**FFL TUITION INFORMATION: Free to all BGCD members. Contact: Glenda Lyons 214.397.7400 for additional information**

**Classes offered:**

**Fitness / Yoga / Gardening / Art&SEL / Enrichment Trips / Nutrition / Life/Mentoring Classes**

**Please circle how you heard about the Fit and Faithful Living**

After School Program    Website    School \_\_\_\_\_ Word of Mouth    Flyer    Other \_\_\_\_\_

**Terms of Agreement**

**Photo Release**

I have full power and authority to grant the rights stated in this document. I hereby give permission for my child to be photographed and or recorded in video during **Fit and Faithful Living programs/classes**. I understand the photos /videos will be used to keep a journal of activities and/or testimonial to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, electronic and digital media, online advertising, mobile advertising intranet/internet, social media and newspaper. I understand that my child's photograph may be used for advertising, I do not expect compensation and that all photos/videos are the property of Fit and Faithful Living and its affiliates.

Participant/Parent's/Guardian's Initials \_\_\_\_\_

**Transportation Release**

I hereby give permission for the transportation of my child for official **Fit and Faithful Living** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials \_\_\_\_\_

**Fit and Faithful Living** and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred. Participant/student photos/videos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Participant/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Participant/Parent/Guardian: \_\_\_\_\_