EPIC KIDS
West Lake Baptist Church

- Please **Print** Clearly – One Per Family-

PARENT/GUARDIAN INFORMATION (Required):

PARENT NAME(S): _____

Address: _____ Mother's Cell: _____

City: _____ Father's Cell: _____

Email: _____

Individuals authorized to pick up your child/children from church:

_____

Best way for us to communicate events: ☐Email ☐Text ☐ Facebook

EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE CONTACTED (Required):

Name: _____ Relation to child/children: _____

Cell Phone: _____

CHILD'S NAME	**Birth Date**	**Gender**	**Grade**	**Allergies/Medical Conditions**
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TERMS AND CONDITIONS:

1) I understand that my child/children may participate in physical activities. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, West Lake Baptist Church and any persons involved in the Epic Kids ministry.

2) I give permission for Epic Kids volunteers to administer first aid to my child/children. In the event of an emergency that requires medical treatment of the above-named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I hereby authorize Epic Kids volunteers to obtain and consent to on my behalf any emergency services or medical care by a licensed physician or hospital to provide the care necessary for my child's wellbeing. I agree to abide and be bound by such decisions and consents as if made by me. I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary with respect to the treatment of my child listed above. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require. Furthermore, I assume all costs connected to any accident or treatment of my child.

3) I grant permission for photos of my child to appear among other general photos on West Lake Baptist Church's web page, printed material or other church social media.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____