FBKids & FBYouth Registration

Child Registration

Child Name: _____ Date of Birth : _____
Gender : ☐ Male ☐ Female Grade:___ Allergies: _____

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Gender : ☐ Male ☐ Female Grade:___ Allergies: _____

Address : _____
City/State: _____ ZIP : _____

Parent/Guardian Information

Name/Relationship: _____
Phone Number : _____
Email: _____

Name/Relationship: _____
Phone Number : _____
Email: _____

EMERGENCY CONTACT
Name _____
Phone Number : _____

Transportation YES NO

My Child(ren) will need transportation to and from Wednesday Night Activities.
(Please have them ready for pick up by 5:45pm to ensure we arrive on time.)

Permission

I GIVE PERMISSION: for my child/children to participate in First Baptist Kids (FBK), and of First Baptist Youth (FBY), and related activities and events, including Wednesday evening programs. In the event of an emergency or if medical attention is necessary, I authorize (FBC) and its designated leaders to seek appropriate medical care for my child/children. I understand that participation in church activities may involve certain risks. To the fullest extent permitted by law, I voluntarily release and hold harmless First Baptist Church, its staff, volunteers, and leaders from claims or causes of action for personal injury, property damage, or wrongful death that may occur as a result of my child/children's participation in First Baptist Church activities.

I GIVE PERMISSION: For any photos taken during FBC activities to be used for Publicity and/or Social Media

I HAVE READ AND UNDERSTAND THE VAN PROCEDURES AND 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.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____