

# ACT-UP / SING-OUT REGISTRATION FORM

**Mondays from 3:15 to 4:45 p.m. – Beginning November 28th, 2022**

Additional Rehearsals on Thursdays from 3:15-4:45 p.m.

(for main speaking roles; specific schedule to be announced-Feb., Mar., Apr.)

**For Kids in Grades 1 thru 6    Space Is Limited!**

*Due to the nature of this program, it is important that children be able to attend regularly!*

Child 's Name: \_\_\_\_\_ Grade in School (in 2022-23): \_\_\_\_\_

Church Home: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

In case of an emergency during which a parent cannot be reached, who should we contact?

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Persons (other than parents) authorized to pick-up the child: \_\_\_\_\_

Please specify any allergies, medications, or special needs of the child: \_\_\_\_\_

Do you foresee any conflict with the a child being able to regularly attend our Monday Act-Up / Sing-Out Sessions? \_\_\_\_\_ (Yes/No)

Do you foresee any conflict with the child being able to attend special Thursday rehearsals? (Most likely in February, March & April from 3:15 to 4:45); exact schedule TBA \_\_\_\_\_ (Yes/No)

*When we are scheduled to perform for a Sunday morning service, Wednesday evening AWANA opening or other special event, we will inform you through our FB page and via the email address that you provide above. Please inform Pastor Steve as soon as you are able if you realize that your child will not be in attendance at a presentation of Act-Up/Sing-Out.*

## TERMS & CONDITIONS:

- I understand that my child may participate in physical activities related to Act-Up / Sing-Out. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any liability, First Baptist Church, Cameron and any persons involved in Act-Up/Sing-Out.
- In the event of an emergency that requires medical treatment for the above named child, I understand that every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give permission to the Act-Up / Sing-Out volunteers to secure the services of a licensed physician to provide the care necessary for my child 's well-being. I assume responsibility for all costs connected to any accident or treatment of my child.
- I grant permission for my child to be photographed as they participate in activities and understand that these photos may be used for publicity in both printed and electronic formats. No identifying information will be shown.

I have read and agreed to the Terms & Conditions stated above.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*Please return this form to Pastor Steve or to the church office. Thank you!*