**FBC Imani Center H.O.P.E Project**

**Registration Form**

Form G-1

To register your child for the after school program: (2) One form per child. (3) Registration will be taken on a first come.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student T-Shirt Size: Youth Lg. \_\_\_\_/ Adult Sm. \_\_\_\_/ Adult Lg. \_\_\_\_/ Adult XL \_\_\_\_/ Adult XXL \_\_\_\_

Parent/Guardian/Legal Adult: Your signature below certifies that you have carefully read this form, the terms and conditions set forth herein, and you agree to abide by said conditions and terms; and certify all information is true, current, and correct and may be relied upon by **FBC Imani Center H.O.P.E Project**

Signed Date Relationship to Participant

**FIELD TRIP PERMISSION AND MEDICAL RELEASE**

Permission is hereby granted for my son/daughter/ward or me, as named above, to participate in programs, activities, and field trips associated with the **FBC Imani Center H.O.P.E Project.**

I understand these activities will be supervised by employees and volunteers of the **FBC Imani Center H.O.P.E Project.**

I am aware that strenuous activities could be involved in the above-named participation in programs, activities, and field trips associated with the **FBC Imani Center H.O.P.E Project.**

 I have determined that the above-named person’s health is adequate for him/her or me to participate safely in such programs, activities, and/or field trips.

I understand and agree that any injuries sustained by the above-named participant will not be covered by First Baptist Church or the **FBC Imani Center H.O.P.E Project**, and that adequate medical insurance to cover such injuries must be acquired and maintained on behalf of the above-named participant.

I agree, as parent or legal guardian on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or my own behalf as a legal adult, and behalf of his/her/my heirs or legal representatives to forever refrain from asserting against The First Baptist Church, Imani Center H.O.P.E Project, employees, volunteers or anyone acting as an agent for the program, for injuries or damages to persons or property resulting from the above named person’s participation in any activities, and/or field trips facilitated by **First Baptist Church or Imani Center H.O.P.E Project.**

I agree, as parent or legal guardian on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or on my own behalf as a legal adult, to indemnify and hold harmless The First Baptist Church, Imani Center H.O.P.E Project, employees, volunteers or anyone acting as an agent for the program and successors in interest from all claims, damages, field trips, including damages or injuries arising out of transportation to and from any such related First Baptist Church and Imani Center H.O.P.E Project program activity. I hereby authorize the staff of First Baptist Church or Imani Center H.O.P.E Project to act for me according to their best judgment in any emergency requiring medical attention to my son/daughter or ward. I agree to have my child participate in all activities, including field trips associated with this camp.

Parent/Guardian/Legal Adult: Your signature below certifies that you have carefully read this form, and the terms and conditions set forth herein; and you agree to abide by said conditions and terms, and certify all information is true, current and correct and may be relied upon by The First Baptist Church, Imani Center H.O.P.E Project.

Signed Date Relationship to Participant

First Baptist Church Imani Center H.O.P.E Project

Registration Form

Form G-3

Emergency Contact Information:

**PLEASE USE FIRST AND LAST NAME IN ALL AREAS OF THIS FORM**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact if Legal Guardian cannot be reached:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate any special limitations, which may affect your child’s participation, such as asthma, severe allergies, fears, physical limitations, and required assist devices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Legal Adult: Your signature below certifies that you have carefully read this form, and the terms and conditions set forth herein; and you agree to abide by said conditions and terms, and certify all information is true, current and correct and may be relied upon by First Baptist Church and Imani Center H.O.P.E Project.

Signed Date Relationship to Participant