

FIRST BAPTIST CHURCH OF EAST GREENWICH CE & YOUTH ACTIVITY REGISTRATION 2019-2020

(Put "X" in Box that applies)

Registration is for ALL PROGRAMS/MINISTRIES for children/youth of this Church! Or these specific programs:

Sunday School

Youth Group Jr. Sr High

Kids Week VBS

Field Trips

Family Events

Child's

Name:

1	
2	
3	
4	

Date of

Birth:

1	
2	
3	
4	

Grade in

9/2019:

Street, Town, State, Zip: _____

Best Phone #

Best CHILD's email
(additional on page 2)

FATHER

Name:

Address:

Best Phone:

eMail:

MOTHER

Name:

Address:

Best Phone:

eMail:

Permission and Waivers of Liability

As the parent(s) of the above named student(s), we/I agree to his/her/their participation in the meetings, activities and trips

sponsored by the Christian Education Board of the First Baptist Church of East Greenwich ("FBCEG") for the period:

A September 1, 2016 to August 31, 2017. We/I further agree not to hold the employees, volunteers, agents, chaperones, board members, and officers of FBCEG liable for personal injury or HIPAA violation or any injury or harm that may occur to our child(ren) during the course of any such meeting, activity, or trip

B We/I agree to permit trained medical personnel to provide health care for our child(ren) if FBCEG personnel determine that medical attention is necessary. We/I understand that we/I (or alternative contact listed below) will be contacted as soon as possible

Alternate Contact

Name: _____

Best Phone: _____

Medical Insurance for Children

Company: _____

Group #: _____

ID#: _____

Subscriber Name: _____

Allergies and Medical issues we need to know for each child (continue on page 2 if necessary)

Release of Liability for Photographs

We/I give our/my permission for a photograph of my child(ren) to appear in written and electronic communications or materials about FBCEG and its ministries.

We hereby release and discharge FBCEG, its agents, employees, volunteers and officers from all claims, demands, actions, judgments and executions which the undersigned ever had, or now has, or may have in the future or which the undersigned's heirs, executors, administrators or assigns may have or claim against FBCEG, its successors or assigns, for all personal injuries known or unknown, and injuries to property, real or personal, caused by or arising out of the publication of the photograph, or any other activities run by FBCEG which are incidental or necessary thereto.

Parental Agreement to "Permission and Waivers of Liability", "Medical Information" and "Photography Release":

Date: _____

Approval Signature: _____

Relationship: _____

Additional Children to Register

Child's Name:		Date of Birth:		Grade in 9/2019	
5	_____	5	_____		_____
6	_____	6	_____		_____
7	_____	7	_____		_____
8	_____	8	_____		_____

Please list the persons to whom we are authorized to release your child(ren) after FBCEG activities:

Name:		Phone:		Relationship	
1	_____	1	_____		_____
2	_____	2	_____		_____
3	_____	3	_____		_____
4	_____	4	_____		_____
5	_____	5	_____		_____
6	_____	6	_____		_____

Continuation Regarding Allergies and Health Issues

Please provide us with additional information regarding your child/children

Parental Agreement to any additional information entered above:

Date: _____ Approval Signature: _____
Relationship: _____
