



One registration for <u>each child</u>

There is a medical release form on the back the My child would be in this class for the 2017-		y a guardian.	
	-	h :	
Tiny TeamKID: Birth - 2 yrs. For			
Toddler TeamKID: 3yr. Olds For p			
<b>PK-K TeamKID:</b> (4 yr. olds- Kin	- · · ·		
Parents of young children are encouraged to r TeamKID (1st - 4th graders)	remain on site to help or	attend an adult cla	iss during TeamKID
<b>Breaking Ground 56</b> (5th & 6th §	graders)		
Child's Name		Age	Grade
Birthdate / / Boy Girl	School		
Primary Guardian	Relationship to child:		
Additional Guardian	Relationship to child:		
Primary Address		City	Zip
Cell PhoneC	Cell Phone:		
Email address:			
Where does child attend church on Sunday? _			
List siblings at primary address so we will ide	entify them as a fami	ly unit:	
Name Age Grade	Name	Ag	geGrade
Name Age Grade	Name	Ag	geGrade
*If it's not the primary guardian, who will be	bringing this child to	o TeamKID/BG	56?
Name:	Relationship to child		
Cell Phone:			
Where will this adult be during TK/BG56?			
Additional Emergency Contact Name:			

If there is anyone with restricted access to your child (i.e., restraining orders) please contact Paula Danforth at the church with more detailed information. Office 276-7859



## Child's Full Name

## Emergency Medical Information

Does this child have any special needs or illnesses which might interfere with participation in classroom and/ or strenuous activities, including breathing ailments or behavior concerns? If so, please explain.

Child's Doctor	Phone
Does child use an inhaler?	
List medications taken regularly _	
Immunizations up to date?	Last tetanus shot date (estimate)
Food Allergies-Please list:	

## Medical Release

FSBC will make reasonable attempts to contact the child's guardian in an emergency. In the event we are unable to contact you, please give us permission to obtain medical assistance for your child. Please read and sign below:

In the event of an emergency, I hereby give permission to the church-appointed sponsors who are with my child at the First Southern Baptist Church event to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

By signing below I hereby release First Southern Baptist Church, its agents and employees and volunteers, from all actions, causes of actions, damages, claims, or demand which I, my heirs, executors, administrations, or assigns may have against First Southern Baptist Church and other above described parties for all personal injuries known or unknown which the participant named above, has or may incur by participation in the above described activity. I, the undersigned, have read this release and understand all its term. I execute it voluntarily and with full knowledge of its significance.

Guardian Signature		Date
Insurance Company	Phone	

Policy #'s

We take a lot of pictures! I grant to First Southern Baptist Church permission to use my child's photograph, either as a group participant or alone, in First Southern Baptist Church's materials for both internal and external audiences. These materials may include but are not limited to: brochures, newsletters, other print publications, videos and on the First Southern Baptist Church website and Facebook page. <u>Please note, your child's name will not be used nor tagged by FSBC on the internet.</u>

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Guardian Signature

Date



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