

Faith Baptist Church
6423 Hamilton Bridge Road
Milton, Florida 32570
(850) 623-8207

Vacation Bible School Registration Form

Child's Name _____ Age _____ Birthday ____ / ____ / ____
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Child's Name _____ Age _____ Birthday ____ / ____ / ____
Address _____
City _____ State _____ Zip Code _____

My child(ren) can be photographed. I understand that their picture might be posted on Faith Baptist Church's Facebook page. I give my consent: (circle one) Yes No

EMERGENCY CONTACT INFORMATION

Parent ____ or Guardian ____ Name _____
Home Phone (____) _____ Cell Phone (____) _____
Other contact number (____) _____

If we are unable to contact you in an emergency, who else may be contacted:

Name _____ Relationship _____
Phone (____) _____

Name anyone who is restrained from picking up the child: _____

LIABILITY RELEASE

I, the parent(s) and/or legal guardian(s) of the child(ren) listed above, hereby request permission for this child to participate in any and all of the activities of the Faith Baptist Church of Milton, Florida, Vacation Bibles School. I do hereby further generally, fully, completely and absolutely hold harmless the Faith Baptist Church of Milton, Florida, including, but not limited to, all board members, officers, sponsors, employees, leaders, volunteer drivers, and chaperones, from any and all liability of any kind or nature whatsoever. In case of injury to my/our child, I hereby waive all claims against the parties set forth above, and further agree to fully indemnify and hold said parties harmless from any liability whatsoever. I likewise release from responsibility any person transporting my/our child to or from activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

Parent/guardian Signature _____ Date _____

Received by _____ Date _____

(Printed Name & Signature of FBC Representative)

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION

Any pre-existing or present medical conditions, disabilities, or physical handicaps:

Name of any **prescription medications** (including dosage and frequency) child is taking:

If my child is in pain and if deemed advisable by a supervisory adult, I grant permission for the following **non-prescription medication** to be given:

Acetaminophen: Yes/No _____

Ibuprofen: Yes/No _____

Please list any **allergies** child has:

Please list any **physical restrictions** child has:

In case of medical or surgical emergency, I hereby request and give permission to the Faith Baptist Church for the hospitalization and/or provision of necessary medical treatment. I understand that I am responsible for the cost of any medical treatment (including surgery) received by my child(ren). I hereby release the directors and staff of this event from all responsibility for sickness or accidents which occur during the event. I understand that I will be contacted immediately in the case of an emergency.

Please understand that, depending upon the seriousness of the situation, your child may be transported to the nearest hospital.

Parent/Guardian Signature: _____ Date: _____