

fbcsommerdale youth information sheet

Parent/Guardian 1

First Name: _____
Last Name: _____
Relation to child: _____
E-mail: _____
Cell Phone: _____

Parent/Guardian 2

First Name: _____
Last Name: _____
Relation to Child: _____
Email: _____
Cell Phone: _____

Address Information (Primary Address of the Child)

Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____

Individual Child's Information

First Name: _____ Last Name: _____
Birth Date: _____
Grade: _____
Allergies, Food Allergies,
Special Needs: _____

Please list any adults, not previously listed, that are authorized to pick up your children.

My child(ren) will get to and from church by: **church bus (current routes only)** _____
walker/bike rider _____, **drop off and pick up by guardian** _____.

Classes are available for students in Kindergarten through 12th grade.

- Wednesday church services are from 5:30pm-7:30pm.** We ask that if you pick your child(ren) up from church, please be on time at 7:30pm.
- Sign-out procedure- for student's being picked up at the end of church:** For the safety of your child(ren), we ask all guardians to walk to the education doors (located on the east side of the church, at the main parking lot) and sign out your child(ren). Proper identification will be required.
ONLY THOSE LISTED ON THE INFORMATION SHEET FOR RELEASE WILL BE ALLOWED TO PICK UP YOUR CHILD(REN),
- We are adopting a "no cell phone use" during Bible study time.** If you need to contact your child(ren) during the church hours, please call 251-989-6117. Our student director is happy to relay a message or get your child for you to speak with.

WAIVER OF LIABILITY & PHOTO RELEASE CONSENT

We understand the arrangement and believe that the necessary precautions and plans for the care and supervision of our child(ren) will be taken during their participation at First Baptist Church of Summerdale programs. Beyond this, we will not hold responsible First Baptist Church of Summerdale or the person supervising the church programs.

In the case of an emergency, I understand that every effort will be made to contact me. If I, or other parties listed, cannot be reached, I hereby give First Baptist Church of Summerdale permission to act on my behalf in seeking emergency medical treatment for my child(ren) in the event such treatment is deemed necessary. I give permission to those administering emergency medical treatment to do so using those measures deemed necessary. I absolve First Baptist Church of Summerdale or any church personnel from liability in acting on my behalf in this regard as long as they are not grossly negligent.

I, as the guardian of a child who will be participating in programs at First Baptist Church of Summerdale, accept the responsibility for all expenses arising from medical care for my child(ren) in the event an emergency occurs.

Your child(ren) may be photographed or filmed while participating in events at First Baptist Church of Summerdale. These photos may be used for promoting or sharing activities about our youth ministry or church related events.

Guardian's signature below indicates acceptance of these policies.

Parent/Guardian name (please print): _____ Signature: _____

Date: _____