

DSBC Youth Registration Form

Youth

Name: _____

Gender: Male _____ Female _____ Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian - Contact Information

Parent/Guardian #1

Name: _____

Phone Number: _____

Email: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Parent/Guardian #2

Name: _____

Phone Number: _____

Email: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Person responsible for payment: _____

Alternate Pickup/Release: Please list the names of individuals authorized to pick your child up.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please list any medical problems, including any requiring medication (i.e. Diabetes, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Call 911?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child allergic to any type of food or medication?

Yes ___ No ___

If yes, explain: _____

Does your child require a special diet?

Yes ___ No ___

If yes, explain: _____

The purpose of the listed medical information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

Name	Phone #	Relationship to Child

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Double Springs Baptist Church will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during DSBC Youth events. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and online. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Double Springs Baptist Church.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Double Springs Baptist Church** activities by modes of transportation agreed to by the organizers.

Parent's/Guardian's Initials _____

Double Springs Baptist Church is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____