

Date: \_\_\_\_\_

# First Baptist Church Registration / Information Form

**\*\*This form to be retained in the church office and updated annually for all who participate in FBC activities.**

*A new and separate Liability/Media Release form is required for each activity or program where adults or children are transported to / from activities or events away from the First Baptist Church campus.*

## GENERAL INFORMATION

**Participant:** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## (YOUTH PARTICIPANTS ONLY)

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Is there anyone this child should **"not"** be released to? \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Name of Parent / Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACTS

Name Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Name Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

## HEALTH / INSURANCE INFORMATION

Health Insurance Co. \_\_\_\_\_ ID/Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone# \_\_\_\_\_

Medical Problems/Allergies: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Current Medications: \_\_\_\_\_