

Medical Release & Permission to Participate - 2018

TOTALLY KIDS ONLY

First Baptist Church
306 South 10th Street
Pflugerville, Texas 78660
(512) 251-3052

PLEASE PAY AT TIME OF REGISTRATION TO RESERVE SPACE
Register Early • Space is Limited • Deadline is 7 days in advance if space is available

___ 6/13 (\$15) • ___ 6/20 (\$15) • ___ 7/18 (\$15) • ___ 8/1 (\$15) • ___ 88 (\$15)
(Please ✓ Dates Attending Above)

Paid On ___/___/___ \$ _____	Paid by: Cash ___ Ck# _____	Date(s) _____
Paid On ___/___/___ \$ _____	Paid by: Cash ___ Ck# _____	Date(s) _____
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Paid On ___/___/___ \$ _____	Paid by: Cash ___ Ck# _____	Date(s) _____

2017/2018 Grade: Please Circle One ► **Preschool** **Kinder** **1st** **2nd** **3rd** **4th** **5th** **6th**

Student's Name: _____ M ___ F ___ Date of Birth: _____ Age: _____

Street Address: _____

City _____ State _____ Zip _____

Parent(s)/Guardian(s): _____

Home Phone _____ Mobile Phone _____ Other Phone _____

E-Mail: _____ E-Mail: _____

Other Emergency Contact _____ Phone(s) _____

Relation to student: _____

Health Information: Current on all immunizations? _____ Last Tetanus Shot: _____

List any known allergies/special needs: _____

Is Student under Doctors care? _____ Name of Doctor: _____

If so, please explain _____

Taking Prescribed Medication? _____ If so, what? _____

Insurance Carrier: _____ Policy Info: _____

Subscriber Member: _____ Employer: _____

Authorization from Parents/Guardians:

By signing this form, I/we hereby give consent for the above named student(s) to attend and participate in any and all activities for the summer of 2014 related to FBC Pflugerville and its involvement in Children's Ministry (including preschoolers) events and activities. In the event of an emergency and I/we cannot be reached, I/we hereby give authorization to Bro. John A. Woods and/or the Children's Ministry staff of FBC Pflugerville to sign for my student(s) should it be necessary to receive medical treatment. I/we also authorize Bro. John A. Woods and/or the Children's Ministry staff of FBC Pflugerville to administer medical care and/or emergency treatment to my student(s). I/we understand that every effort will be made to provide the safest environment possible, but that accidents can and do occur. I/we also understand that Bro. John A. Woods and/or the Children's Ministry staff of FBC Pflugerville will make a conscientious effort to locate the parent/guardian or the emergency contact listed on this document before any action is taken. With that understanding, I/we agree not to hold FBC Pflugerville, Bro. John A. Woods, or the Children's Ministry staff of FBC Pflugerville liable in the case of an unforeseen event. I/we also agree to allow my student(s) to ride in transportation provided by FBC Pflugerville for any & all Children's Ministry events and/or activities during the summer of 2018.

Parent Participation is needed and required for at least one "BIG" Kids TKO Day. Please circle which date(s) you can be a sponsor: 6/13 6/20 7/18 7/26 8/1 8/8 I can also help provide transportation: ___ Yes ___ No

Signature of Parent/Guardian: _____ Date: _____