



First Baptist Church Skiatook First Kids! Registration 2015-2016

PLEASE PRINT

Student Name: _____ Date of Birth: _____
Last First Middle

Address: _____ Home Phone: _____

Age: _____ Gender: M F

Circle Program (Must be appropriate age by *September 1, 2015* or completed the school grade)

Babies: age _____ Ones Twos Threes Fours Kindergarten 1st Gr. 2nd Gr. 3rd Gr. 4th Gr. 5th Gr.

Event : _____

Full Name of Father/Guardian: _____

Home Address: _____ Phone: _____

Father's Employer: _____ Phone: _____

Business Address: _____ Occupation: _____

Email address: _____ Cell Phone: _____

Full Name of Mother/Guardian: _____

Home Address: _____ Phone: _____

Mother's Employer: _____ Phone: _____

Business Address: _____ Occupation: _____

Email address: _____ Cell Phone: _____

Other Children in Family:

Name and Age Name and Age

Name and Age Name and Age

Please check all that apply:

- Child lives with both parents Parents are separated Parents are divorced Father is deceased Mother is deceased
- Child lives w/Mother Child lives w/Father Father has custody Mother has custody
- Grandparents have custody Custody arrangements have been court adjudicated.
- Joint custody of child is held between _____ and _____

Church presently attending:

 Attend regularly Attend occasionally Member Attend Sunday School

Medical and Liability Release

Child's Name _____ Date of Birth _____
Last First Middle

Child's Overall Health: Excellent Fair Poor Weight _____ Height _____

Any Physical disabilities? Yes/No If YES, please explain: _____

Please list any health problems (diabetes, asthma, etc.) _____

Please list any food related allergies (including severity and treatment) _____

Please list any medications your child takes regularly (including those not taken at school) _____

Please list any serious previous illness _____

Has your child had Chicken Pox? Yes/No Date: _____

Please indicate persons to be contacted in case of an emergency

Name _____ Emergency Phone and Cell _____ Relationship _____

Name _____ Emergency Phone and Cell _____ Relationship _____

Parental or Guardian Medical/Liability Release Statement

The above stated minor has permission to participate in and travel with First Baptist Church Skiatook, OK or attend activities from **January 1, 2015-December 31, 2016**. While I understand that FIRST BAPTIST CHURCH will take reasonable steps to provide care and safety to minor, I am aware that the FIRST BAPTIST CHURCH or their employees or agents cannot and shall not assume any responsibility for any injury, damage, or harm which might result during the course of any activity during functions so sponsored or attended by this minor. In consideration of permitting their minor to participate, I agree that full responsibility shall remain with me as a parent or guardian of this minor. Should any claim be asserted by any person as the result of the acts of this minor while participating in the course of activities sponsored or provided by FIRST BAPTIST CHURCH, or traveling to or from such activity, or should minor or any party assert any claim against First Baptist Church, Skiatook, OK or its employees or agents, I agree to indemnify and hold First Baptist Church, Skiatook, OK harmless from actions brought against them and including attorney fees and cost incurred by First Baptist Church Skiatook, OK in defense thereof. I further authorize medical treatment of minor in the event of illness or injury sustained in my absence while minor participates in the course of activities provided or sponsored by First Baptist Church Skiatook, OK.

____ Yes, I consent _____ NO, I DO NOT CONSENT

Photograph Release

I hereby consent to the photographing of my child and the recording of his/her voice and use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the "photograph" as used herein encompasses both still photographs and motion picture footage. I further consent to the reproduction and/or authorization by First Baptist Church, Skiatook OK to reproduce and use said photographs and recordings of my child's voice, for use in all domestic and foreign markets. Further, I understand that others, with or without the consent of First Baptist Church Skiatook, OK may use and/or reproduce such photographs and recordings. I hereby release First Baptist Church Skiatook, OK and any of its staff, employees, associated or affiliated companies, their directors, officers, agents, employees and customers, appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

____ Yes, I consent _____ NO, I DO NOT CONSENT

____ Yes, I do allow use of my child's photograph for classroom art projects and to be displayed at First Baptist Church

Authorization for Child Pick-Up

The persons listed below have permission to pick up:

Name:	Driver's License Number :	Relationship:
_____	_____	_____
Parent/Guardian		
_____	_____	_____
_____	_____	_____

I have read the above Liability and Release statements and understand them fully.

Parent/Guardian: _____ Date: _____ Phone: _____