



Parent/Guardian Permission and Release

m the parent and/or the legal guardian of Name of child		
ereby give permission for my child to participate inwith e First Baptist Church Joelton in Joelton, TN.		
I believe my child can enter into the activities of his group, and I delegate all responsibility for his care and control to the authorized staff of the church during the duration of this event. However, if a problem exists which cannot be resolved, I understand the church has the right to dismiss my child and contact me to pick my child up from the event.		
uthorize my child to participate in all the events related activities.		
vill not hold the church or the staff liable for any accident or injury to my child during the hours I have him or her in their care. I authorize the church staff or attending doctor to give emergency d and treatment in the case of injury or illness until either I or my physician can be reached.		
case of emergency at a time when I cannot be reached, I authorize the church to reach the rsons whose names have been listed on my child's registration sheet.		
If at any time an individual other than myself is to take my child away from the church related activity, I will notify the event staff, giving the name of individual who will call for the child, his destination, and the time he is to leave the event.		
I agree to and give permission to all of the above terms given in this document.		
ateParent/Guardian		
(See the back to fill in all needed information.)		





Event Registration Form

Event:	
Child's Name	
Gender M / F Age	Birth Date
School Grade	
Parent/Guardian	
Address	
City	Zíp
Home Phone	Cell Phone
Emergency Contact Perso	on(s):
Name	Phone
Relationship	
Name	Phone
Relationship	