

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: _____