

Registration / Permission Form
effective Sep. 1, 2008 to August 31, 2009
First Baptist Church of Cedar Springs, Michigan

Name _____ Date of Birth ____/____/____ Grade ____
month date year
Street Address _____ PO Box _____
City _____ State _____ Zip _____
Name of Parent/Guardian _____
Home Phone # _____ Cell / Work # _____
Alternate Contact Person _____ Phone # _____
Medical Conditions / Allergies _____
Instructions pertaining to the above conditions / allergies _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION & LIABILITY WAIVER

I authorize the adult agents of First Baptist Church of Cedar Springs, should the situation arise, to administer routine first aid and/or seek emergency medical treatment for my child, (listed above), when said child is attending an authorized church activity. Please note that every effort will be made to contact the parent/guardian immediately using the information given above in case of an emergency!

Our doctor is (name) _____

Our doctor's phone number is _____

Medical Insurance carrier _____

Policy Number _____

Our hospital preference is _____

I

understand reasonable safety precautions will be taken at all times by First Baptist Church of Cedar Springs and its agents during events, trips and activities. I also understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to release, forever discharge and hold harmless First Baptist Church of Cedar Springs, its leaders, employees and volunteer staff from any & all liability and claims for damage, losses, sickness or injury incurred by this child.

Parent/Guardian Signature