

# 1st BAPTIST CHURCH Quitman

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## PARENT/GUARDIAN INFORMATION

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_ May we contact you by email about club events? Yes No

Do you attend a church? Yes No If yes, name of church: \_\_\_\_\_

Any court ordered parental restrictions? Yes No If yes, please provide documentation of parental restrictions.

Person(s) (other than parents) authorized to pick up the children:

1) \_\_\_\_\_ Phone: \_\_\_\_\_

2) \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact during club time (other than parents): \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I am interested in volunteering as a \_\_\_\_\_ Leader, \_\_\_\_\_ Helper each week and/or \_\_\_\_\_ For Special Events  
 Note: All FIRST KIDS Club leaders and helpers must complete child protection paperwork and are subject to a background check.

## CHILD/CHILDREN INFORMATION

Name	M / F	Birth Date	Age (Must be potty trained)	Grade	Allergies/Medical/Special Needs
1. _____	_____	___/___/___	_____	_____	_____
2. _____	_____	___/___/___	_____	_____	_____
3. _____	_____	___/___/___	_____	_____	_____
4. _____	_____	___/___/___	_____	_____	_____
5. _____	_____	___/___/___	_____	_____	_____

## TERMS AND CONDITIONS

By signing below, I certify the information above is correct

- \_\_\_\_\_ 1) I consent and approve for my child / children to participate in physical activities such as those held during game time.  
*Initial* As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, FIRST KIDS Clubs International, First Baptist Church Quitman and any persons involved in the FIRST KIDS club ministry.
- \_\_\_\_\_ 2) In the event of an emergency that requires medical treatment for the above named child / children, I understand every  
*Initial* effort will be made to contact me or my emergency contact. However, if I / we cannot be reached, I give my permission to the FIRST KIDS volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being. I assume responsibility for all costs connected to any accident or treatment of my child.
- \_\_\_\_\_ 3) I grant permission for a photo of my child / children to appear among other general club photos or on an FIRST KIDS  
*Initial* website as long as there is no identifying information shown.
- \_\_\_\_\_ 4) I grant permission for my child / children to travel to / from FIRST KIDS club events with an adult leader. Any such event  
*Initial* will be clearly communicated with me beforehand.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_