



### Parent/Guardian Information

Parent/Guardian Name(s): \_\_\_\_\_

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

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

Email: \_\_\_\_\_ May we contact you by email about church 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 (other than parents): \_\_\_\_\_ Phone: \_\_\_\_\_

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

**I am interested in volunteering** as a  leader,  helper each week and/or  for special events.

*Note: All FBCQ leaders and helpers are subject to a background check.*

### Child/Children Information

Name	M / F	Birth Date	Age	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 Baptist Church Quitman and any persons involved in the First Baptist Church Quitman 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 First Baptist Church Quitman volunteers to secure 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 photos of my child /children to appear on the First Baptist Church Quitman website, publications   
*Initial* or other ministry promotions as long as there is no identifying information shown.

\_\_\_\_\_ 4) I grant permission for my child /children to travel to and from First Baptist Church Quitman events with an adult leader.   
*Initial* Any such event will be clearly communicated with me beforehand.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_