

2023-2024

- Please Print -

820 W. College Ave  
Ruskin, FL 33570

Please complete and sign this form. You may use the back side if you require more space. If you grant permission for us to send text messages, please provide your Cell Phone Carrier's Name here: \_\_\_\_\_ (e.g. AT&T, Verizon, etc.)

Parent(s): \_\_\_\_\_ Home Church: \_\_\_\_\_  
 Address: \_\_\_\_\_ Persons (other than parents) authorized to pick up the children: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name	Relationship	Email Address	Phone	Text Ok	Cell Carrier
Primary:				<input type="checkbox"/>	
Emergency:				<input type="checkbox"/>	
Other:				<input type="checkbox"/>	

Child's First and Last Name	Nickname	Birth Date	Gender	Grade	School	Club

Child	Doctor Name and Phone	Allergies / Meds / Special Needs

**Terms and Conditions**

1) I understand that my child/children may participate in physical activities such as those held during Game Time. 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 OF RUSKIN and any persons involved in the FBC Wednesday Night Bible Studies.

2) In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the FBC Wednesday Night Bible Studies' 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3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by FBC Wednesday Night Bible Studies' Leaders only. I also give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.

4) I grant permission for my child to travel to/from FBC Wednesday Night Bible Studies' events with an adult leader. Any such event will be clearly communicated with me beforehand.

I have read and agree to the Terms and Conditions stated above.

I agree ☒ \_\_\_\_\_ Date \_\_\_\_\_

**Office Use**