

Registration Form for Stanchfield Baptist Church Wednesday Night Programs

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|---------------------------|---------------|---------------|-------|-----|---|
| Parent's/Guardian's Names | Child's name | | | | |
| () | / | Date of Birth | Grade | M | F |
| Home Phone | Work Phone | Child's name | / | M | F |
| Address | Date of Birth | Grade | | Sex | |
| City, ST ZIP Code | Child's name | / | | M | F |
| Email (optional) | Date of Birth | Grade | | M | F |

Emergency Contact Info

| | | |
|---------------------------|-------------------|-------------|
| Primary Emergency Contact | Home number | Work Number |
| Address | City, ST ZIP Code | |

Medical Information

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|----------------------------|---------------|
| Hospital/Clinic Preference | |
| Physician's Name | Phone Number |
| Insurance Company | Policy Number |

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

| | |
|-------------------------------|------|
| Parent's/Guardian's Signature | Date |
|-------------------------------|------|

I give permission for my child to be involved in SBC Wednesday night programs. I release Stanchfield Baptist Church and its leaders/volunteers from liability in case of accident during activities related to Stanchfield Baptist Church, as long as normal safety procedures have been taken.

| | |
|-------------------------------|------|
| Parent's/Guardian's Signature | Date |
| Witness Signature | Date |