Year: 2017-2018

# BLAST Registration/ Release Form

First Baptist Church of Evans City
242 South Washington St.
Evans City, PA 16033

**Parent/Guardian**

Name(s): _____

Address: _____

City: _____State:_____Zip:_____

Home Church: _____

Persons (other than parents) authorized to pick up the children: _____

**Number / E-mail address:**

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Other: _____

Emergency: _____

**Contact Person:**

_____

_____

_____

_____

_____

| Child's First and Last Name | Nickname | Birthdate | Grade | School |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Child | Doctor Name and Phone | Dentist Name and Phone | Insurance Co and Policy # |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

ALLERGIES:

_____

_____

_____

_____

_____

**Terms and Conditions**

_____ 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 Evans City and any persons involved in the FBCEC BLAST ministry.

_____ 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 BLAST 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.

_____ 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.

_____ I grant permission for my child to travel to/from FBCEC BLAST events with an adult leader. Any such event will be clearly communicated with be beforehand.

_____ All Information contained in this form is confidential.

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

X_____ _____

Signature of Parent/Guardian Date