

Rockford Baptist Church Permission/Registration Form – RBCY

This form must be completed and signed before the teens will be allowed to participate in program activities.

Phone numbers, names, addresses, & other information are for Rockford Baptist Church ONLY and are never given out.

Family Last Name										Parents Names									
Address																			
City										State					Zip				
Home Phone					Mom/Step-Mom Cell Phone					Dad/Step-Dad Cell Phone									
Parent E-mail															Church Family Attends				

Child/Teen's Name										Gender		Birth date		Graduation Year	
First					Last					M	F	Month/Day/Year		Year	

Do any of your teens have any specific medical allergies, chronic illnesses, special needs, or any other specific conditions? If so, please give us their name and their needs:

If your teens will ride to/from youth group with someone other than a parent/guardian, please indicate the driver's names:

Please provide us with emergency contact information for your teens if different than above:

If pertinent, who should your teens **NOT** be released to:

Throughout the year, various photos are taken of the children. They might appear on our web site, social media pages, or on a video clip at our church during special services. **Check box if you do NOT want your child's picture posted or used in this way.**

Throughout the year, your teen may have an RBC sponsored, off-site outing away from the church, in which the church van/bus would be used for transportation. **Check box if you give permission for your child/teen to ride in a church vehicle.**

**NOTE: The church has the right not to allow a child/teen ride the church van/bus due to behavioral issues.*

I, being the legal guardian of the above named child(ren)/teens, give my permission for my children/teens to participate in the youth program and off-site outings sponsored by Rockford Baptist Church during the program year. The undersigned, being a parent and/or legal guardian of the above minor children/teens, do hereby authorize the treatment of the above minor(s) by a qualified medical professional in the event of a medical emergency which, in the opinion of the attending medical professional may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in the youth program, including transportation to and from the event site.

 Parent/Legal Guardian (Print Name) Parent/Legal Guardian Signature Date