

Rockford Baptist Church RBC KIDS Registration/Permission Form - Children grades K – 5th

This form must be completed and signed before the child(ren) will be allowed to participate in the RBC KIDS activities.
Phone numbers, names, addresses, & other information are for Rockford Baptist Church ONLY and are never given out.

Family Last Name		Parent(s) Name(s)	
Address			
City		State	Zip
Home Phone or Cell Number(s) where you can be reached		If you are a visitor, who brought you?	
E-mail			

Child(ren)'s Name(s)		Gender		Birth date	Current	Grades	Grades	Kids T-Shirt Size					
First	Last	M	F	Month/Day/Year	Grade	K-2	3-5	5-6	7-8	10-12	14	16	18

Do any of your child(ren) 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 child(ren) will ride to/from RBC KIDS with someone other than a parent/guardian, please indicate the driver's names:

Please provide us with emergency contact information for your child(ren) if different than above:

If pertinent, who should your child(ren) **NOT** be released to:

Throughout the year, various photos are taken of the child(ren). They might appear on our web site, Facebook page, or on a video clip at our church during special services. **Check box if you DO NOT WANT your child(ren)'s picture posted or used in this way.**

Throughout the year, your child(ren) 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(ren) to ride in a church vehicle.**

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

Medical Release: I being the legal guardian of the above named child(ren), give my permission for my child(ren) to participate in the RBC KIDS 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 child(ren), 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 RBC KIDS program, including transportation to/from the event site.

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

PLEASE SUBMIT FILLED FORM TO AMY GINAC [ginac5@att.net]

Program Year .