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 | | | | | | | Pare | Parents Names | | | | | | | |
|--|----------|-------------------------------|-------|-------|----------|--------|---------|-----------------------|-------------------|-----------------------|------------|----------------|-------------|-----|--|
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| Address | | | | | | | | | | | | | | | |
| City. | | | | | | | | | | | | | | | |
| City | | | | | | | | State Zi _l | | | | | Zip | Zip | |
| Home Phone Parent Cell Phone | | | | | | | | | Parent Work Phone | | | | | | |
| | | | | | | | | | | | | | | | |
| Parent E-mail | | | | | | | | | | Church Family Attends | | | | | |
| | | | | | | | | | | | | | | | |
| Child/Teen's Name | | | | | | | | | Gender | | Birth date | Grade Entering | | | |
| | | | Last | | | | | | M | | F | Month/Day/ | (2025/2026) | | |
| | | | | | | | | | | | | Ι | Year | | |
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| 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: | | | | | | | | | | | | | | | |
| us their name and their needs: | | | | | | | | | | | | | | | |
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| If your teens will ride to/from youth group with someone other than a parent/guardian, please indicate the driver's names: | | | | | | | | | | | | | er's names: | | |
| | | | | | | | | | | | | | | | |
| Please provide us with emergency co | ontact i | infor | matio | n for | vou | r teer | ns if (| differ | ent tha | an abo | ove: | | | | |
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| If pertinent, who should your teens NOT be released to: | | | | | | | | | | | | | | | |
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| Throughout the year, various photos are taken of 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 teens 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 to ride the church van/bus due to behavioral issues. | | | | | | | | | | | | | | | |
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| I, being the legal guardian of the abo | | | - | - | | _ | | - | | | | | • | | |
| 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. | | | | | | | | | | | | | | | |
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| Parent/Legal Guardian (Print Name) | | Parent/Legal Guardian Signatu | | | | | | | re | | | | Date | | |