

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

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	Church Family Attends
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	Kids T-Shirt Size					
First	Last	M	F	Month/Day/Year	Grade	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:

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

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

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

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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
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