



SHIPWRECKED: Rescued by Jesus

July 8 - 12 • 6:00-8:00pm

Families of 3 year olds through 5th graders.

Central Baptist
4001 Indian Hills Dr
Sioux City, IA 51108

(712) 239-1000
www.cbcsiouxcity.org

General Information • Please Print

Parent/Guardian Full Names: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Adult(s) Accompanying Child • *Must be 18 or older. **Must have at least one adult with child(ren).

Person #1 Full Name: _____

Cell Phone: _____ Email: _____

Person #2 Full Name: _____

Cell Phone: _____ Email: _____

Emergency Contact if NOT one of the accompanying adults:

Full Name: _____ Phone: _____

First & Last Names of Children Attending: Birthdate / Grade in Fall 2018 Gender Allergies ***

1. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
2. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
3. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
4. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
5. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

Medical Information

Primary Physician's Name: _____ City: _____ Phone: _____

Dentist's Name: _____ City: _____ Phone: _____

Terms and Conditions

1. I understand that my child/children may participate in physical activities. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Central Baptist Church and any persons involved in the Shipwrecked ministry.
2. 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 permission to the accompanying adult(s) and Shipwrecked 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 cost connected to any accident of treatment of my child.
3. I grant permission to Central Baptist Church to use the likeness of my child/children and accompanying adult(s) without any identifying information in any video, electronic (web) promotional, or educational materials as they see fit.

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

X _____
Signature of Parent/Guardian Date

***Food Allergy Notice: Snacks may contain: milk, eggs, wheat, soybean, peanuts, tree nuts, fish & shellfish.