

**First Baptist Church  
Family Life Center After School Program**

***Fall 2017***

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ School Grade \_\_\_\_\_

Church Member @ FBC? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, member where? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mom's Name _____
Cell _____
Work _____
Home _____
Email _____

Dad's Name _____
Cell _____
Work _____
Home _____
Email _____

**Please list any medical conditions or allergies that your child has that will aid in the treatment.  
Example: diabetic, allergic to bees, asthmatic, etc.**

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Doctors Name and Number \_\_\_\_\_

Insurance Policy \_\_\_\_\_

**After School Guidelines –**

**All Participants:**

1. Must demonstrate respect for the FLC staff, volunteers, and facility at all times
2. Sign in and **remain** at the facility until picked up by a family member
3. Sign out when their ride arrives. **WE CLOSE AT 5 PM**
4. Must read and agree to abide by the FLC policies in order to continue to participate  
In this program

***Waiver of Liability and Disclaimer***

I/We the parents/legal guardian of the above named child/participant do hereby release First Baptist Church, it's staff and volunteers from any and all claims, demands, injuries or damages, resulting from any accident which may occur as a result of participation in the After School Program.

In case of emergency and parents/legal guardian and /or family physician cannot be contacted, I authorize the FBC to transport my child to a hospital/medical facility and give permission for said hospital/medical facility to give my child emergency care treatment. I hereby accept financial responsibility for such treatment.

I have read and agree to the policies and waiver release \_\_\_\_\_  
(parent's or guardian's signature) (date)

(Child's signature) \_\_\_\_\_