



Team KID Registration Form 2021-2022

***PLEASE COMPLETE BOTH
SIDES OF FORM!**

PLEASE FILL OUT A SEPARATE FORM COMPLETELY FOR EACH CHILD ENROLLING. THANK YOU.

Child Information

Name	Gender	Birthdate	Grade in Fall	Medical/Allergy Special Needs
	M / F		<input type="checkbox"/> K-2 <input type="checkbox"/> 3rd-5th grade	

****If any medical, allergy or special needs are indicated please note details below:***

Family Information

Parent/Guardian Name(s):		Church You Attend
Address:		Phone:
Email:	Mom Cell:	Dad Cell:
Person(s) authorized to pick up your child:		Special Circumstances (pick up):
I authorize my child(ren) to be photographed for the purpose of advertisement for Team KID or other ABC venues or the church website:		
Photo Release _____ Parent/Legal Guardian Signature		_____ Date

Medical Release: I (we) the undersigned parent(s) of/guardian(s) of _____,
a minor, do hereby authorized adult volunteers of Ashland Baptist Church as agent(s) for the undersigned,
to consent to any medical or surgical care deemed advisable by an accredited physician or surgeon in an
emergency clinic or hospital.

Emergency Contact: _____ Relationship: _____ Phone: _____

Health Insurance Company: _____ Policy or Group No: _____

Parent /Legal Guardian Signature _____ Date: _____

Team KID Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

(Participant and/or ALL parent/guardians if participant is a minor)