



**2018-2019  
REGISTRATION FORM  
(All information is REQUIRED to be registered)**

**First Baptist Church  
PO Box 637 / 721 Alford St.  
Flippin, AR 72634**

PLEASE PRINT

Parents: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Father Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Mother Cell Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Email (We will be sharing information with you via email this year): \_\_\_\_\_

Does your family attend church? If so, where? \_\_\_\_\_

| Child's Name | Birth Date | M / F | Grade | School | Doctor Name & Phone | Allergies / Meds / Special Needs* |
|--------------|------------|-------|-------|--------|---------------------|-----------------------------------|
|              |            |       |       |        |                     |                                   |
|              |            |       |       |        |                     |                                   |
|              |            |       |       |        |                     |                                   |
|              |            |       |       |        |                     |                                   |
|              |            |       |       |        |                     |                                   |

\*Please write any extra information on the back side of this form

**Terms and Conditions (Please check):**

- I understand that my child/children may participate in physical activities such as those held during game time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, First Baptist Church and any persons involved in the FBC B.L.A.S.T. ministry.
- 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 my permission to the B.L.A.S.T. 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 costs connected to any accident or treatment of my child.
- I grant permission for a photo of my child to appear among other general photos. I also give permission for photo(s) of my child to appear on the church's web site as long as there is no identifying information shown.
- I grant permission for my child to travel to/from B.L.A.S.T. events with an adult leader. Any such event will be clearly communicated with me beforehand.

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

X \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_ Date