



# Registration Form

(For Kids 5-12)

## CHILD INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

## PARENT INFORMATION

Parent Name #1 \_\_\_\_\_ Phone# \_\_\_\_\_

Parent Name #2 \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ Apt \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature: (I agree to the following) \_\_\_\_\_

Fees: \_\_\_\_\_ \$10/child or \_\_\_\_\_ Cannot pay, pls. waive

\_\_\_\_\_ I will pick up my child at 12:00 pm (noon) at MCCA, or 12:15 at FBC (bus)

## PHOTO RELEASE FORM

I give FIRST BAPTIST CHURCH of Shelton, WA permission to use my or my child's photograph publicly. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

## PARENTAL RELEASE OF LIABILITY & CONSENT TO TREATMENT

I state that my child is fully capable of safely participating in all Event activities, and I expressly assume all risks of my child's involvement, whether such risks are known or unknown to me at this time. I further generally release First Baptist Church of Shelton, WA, its Directors, Officers, and Employees, Volunteers and Agents and other participants at the event, from any and all claims that I or my child may have against any of them, whether on or off event grounds. This release of liability is given on behalf of myself, my child and heirs, family, estate, administrators, and personal representatives of me and my child. I expressly agree that this release is intended to be as broad and inclusive as permitted by the State of Washington. Also, In the event the parent/guardian cannot be reached in a timely manner I hereby give my consent that my child may receive medical treatment that may be deemed advisable in the event of injury, accident and or illness during this event. I hereby grant First Baptist Church of Shelton, WA, and its representatives, authority by this Limited Power of Attorney, to give informed consent for the rendering of all necessary medical care to the child, until such time as I am able to personally contact those rendering the medical care. The parent/guardian accepts all financial responsibility for necessary treatment and services.