

Date \_\_\_\_\_



1. Child's Info:

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FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Gender: Male Female  
 mm/dd/yyyy  
 School Grade if Applicable: \_\_\_\_\_  
 Allergies or Medical Conditions: \_\_\_\_\_

2. Child's Info:

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FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Gender: Male Female  
 mm/dd/yyyy  
 School Grade if Applicable: \_\_\_\_\_  
 Allergies or Medical Conditions: \_\_\_\_\_

3. Child's Info:

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FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Gender: Male Female  
 mm/dd/yyyy  
 School Grade if Applicable: \_\_\_\_\_  
 Allergies or Medical Conditions: \_\_\_\_\_

4. Child's Info:

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FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Gender: Male Female  
 mm/dd/yyyy  
 School Grade if Applicable: \_\_\_\_\_  
 Allergies or Medical Conditions: \_\_\_\_\_

Parent's or Guardian's Name(s):#1 \_\_\_\_\_  
 FIRST MI LAST  
 Parent #1 Cell Phone: ( ) \_\_\_\_\_

Parent #2 \_\_\_\_\_  
 FIRST MI LAST  
 Parent #2 Cell Phone: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Family Home Phone: ( ) \_\_\_\_\_  
 Family E-mail for communications \_\_\_\_\_

Additional Emergency Contact (Must be different than above info)  
 Contact Name: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

In the event that someone listed above is unable to pick up the child (and additional person is authorized by you to pickup) please supply a secret question and answer that you will remember (i.e. first car/favorite flavor of ice cream, etc.). **The person you authorize to pick up must know this answer and have photo I.D.**

Question: \_\_\_\_\_

Answer: \_\_\_\_\_ Rev 3/9/20

|  |  |                                       |  |
|--|--|---------------------------------------|--|
| <b>For Check-In Staff Use Only:</b>              |  | <b>Childcare for MOPS</b> _____       |  |
| <b>Saturday Service:</b> 6pm _____               | <b>Sunday Service:</b> 9am _____ 10:30am _____                   | <b>Childcare:</b> Reg _____ Wed _____ |  |
| <b>Mops:</b> Moppets _____ Even _____ Teen _____ | 1 <sup>st</sup> Time Visitor _____ # of Welcome Bags Given _____ |                                       |  |

**PARTICIPANT AGREEMENT**  
**Bethany Baptist Church**

**\*\*Please print your child's name under Event Participant. Then Parents sign on Signature line below.\*\***

Event Participant Adult or Child \_\_\_\_\_

Event Participant Adult or Child \_\_\_\_\_

Event Participant Adult or Child \_\_\_\_\_

Event Participant Adult or Child \_\_\_\_\_

**Activity Release**

I acknowledge that participation in the activities sponsored by Bethany Baptist Church 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. I am a willing Participant in these activities myself, or in the role of parent or guardian, give permission for my minor child(ren) to be a Participant in these activities. As a Participant (or parent/guardian, if Participant is a minor), I certify that I am (or my child is) sufficiently physically fit and prepared to participate in activities sponsored by Bethany Baptist Church, that a medical professional has not advised against my (or my child's) participation and that there are no health concerns that should preclude my (or my child's) participation from activities sponsored by Bethany Baptist Church.

**Liability Release**

In consideration for the opportunity to participate in activities sponsored by Bethany Baptist Church, the Participant (or parent/guardian, if Participant is a minor) acknowledges and accepts the risks of injury and any other risks listed above associated with participation in the activity and any and all transportation. The Participant (or parent/guardian, if participant is a minor) accepts personal financial responsibility for any injury or other loss sustained during the activities or during any and all transportation. Further, the Participant (or parent/guardian) releases Bethany Baptist Church its officers, agents, servants, employees, and assigns from any and all liability arising from Participant's involvement in the activity and promises to indemnify, defend, and hold harmless Bethany Baptist Church its officers, agents, servants, employees, and assigns for any injury arising directly or indirectly out of the sponsored activities or transportation to and from the activities, whether such injury or liability arises out of the negligence of Bethany Baptist Church its officers, agents, servants, employees, and assigns, the Participant, or otherwise.

**Photo/Media Authorization**

Sharing photos and video images of sponsored activities and Participants help tell the story of the ministry and mission of the church. Accordingly, I understand that participation in activities sponsored by Bethany Baptist Church implies permission for the acquisition of photos and video and/or audio recordings of Participants and their children at these activities and the use of these images within the church website, social media, promotional videos, newsletters and other publicity media. Bethany Baptist Church will not knowingly publicize anything that would be embarrassing, objectionable or hurtful to any Participant, nor identify Participants who are minors by name. Any Participant may request that a specific media item which prominently features them or their children be removed from publication by conveying this request or any other concern regarding this authorization to the church office. I also understand that Bethany Baptist Church may retain and use digital copies of these images with names for record keeping and communication.

**Medical Release and Permission to Treat**

While participating in activities sponsored by Bethany Baptist Church if my child(ren) is injured or becomes seriously ill and I or another authorized individual cannot be reached, or if I as a Participant am injured or become seriously ill and am unable to consent to treatment, I authorize an adult in whose care the child (or I) has (have) been entrusted to consent, seek, and authorize any and all medical/dental care deemed advisable and necessary by the circumstances. I hereby release Bethany Baptist Church, its officers, agents, servants, employees, and assigns for any and all damages, liabilities or costs for any reason including resulting from the authorizing of medical treatment on my (or my child's) behalf under the terms of this consent. I further hold Bethany Baptist Church harmless and agree to indemnify Bethany Baptist Church of any and all costs, damages, or expenses incurred by Bethany Baptist Church as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases the conduct of Bethany Baptist Church and its officers, agents, servants, employees, or assigns for treatment even if such conduct is negligent. I have read and understand the above.

This agreement will remain in effect for all activities sponsored by Bethany Baptist Church until a new agreement is signed.

\_\_\_\_\_  
Signature of Participant or Parent/Legal Guardian  
Must be age 18 or over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent Signing