

**LOCUST GROVE BAPTIST CHURCH
TERRIFIC TUESDAYS – 2019 REGISTRATION CARD**

Child's Name _____ Age _____

Date of Birth _____ / _____ / _____ Last school grade completed _____

Parents' Names _____

Address _____

Home #. _____ Cell #. _____ Emergency # _____

Email Address _____

Who may pick up your child at the end of the day? _____

Does your child have any allergies/medical conditions that we need to be aware of? Yes No

If so, please list: _____

Are you a member of a church? Yes No If so, where? _____

MEDIA RELEASE AGREEMENT

I, _____ the undersigned, do hereby grant permission to Locust Grove Baptist Church to use the image of my minor child _____. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those used on the church web site.

I agree that these images may be used by Locust Grove Baptist Church for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any of these images.

This agreement is good until I rescind it or until I am no longer associated with Locust Grove Baptist Church.

MEDICAL INFORMATION

Please supply ALL of the following information. Attach a copy of your insurance card.

Child's Physician's Name: _____ Phone: (_____) _____

Medical Insurance Co.: _____ Group# _____ Policy #: _____

Company's address: _____ Company's Phone: (_____) _____

City: _____ State" _____ Zip: _____

The minor child listed on this form has my permission to participate in all activities associated with Terrific Tuesdays at Locust Grove Baptist Church.

I hereby give permission to medical personnel selected by the chaperones of Locust Grove Baptist Church to order X-rays, routine tests, and treatment for my child. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by the chaperones of Locust Grove Baptist Church to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child.

In addition, I have, and do hereby, release Locust Grove Baptist Church, its chaperones, staff, and trustees from liability associated with participation in any activities.

Signature of Parent/Guardian

Date