

**Parent / Guardian Name:**

**Date:**

Home address:

Home phone:

Cell phone:

**{Child #1}**

Name:

Age:

Gender:

Food/Medical Allergies:

Special Requirements:

**{Child #2}**

Name:

Age:

Gender:

Food/Medical Allergies:

Special Requirements:

**{Child #3}**

Name:

Age:

Gender:

Food/Medical Allergies:

Special Requirements:

Medical Insurance Company:

Policy #

Policy Holder Name:

**{If more space is needed please attach another sheet}**

I hereby release Chattahoochee Baptist Church, its staff and sponsors from responsibility and liability for any injury or illness that my child may have during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity as agent for me, to consent for any x-ray examination, medical, dental or surgical diagnosis; treatment and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the State where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

I also grant the right and permission to use any pictures taken of the child in media for any purpose whatsoever, whether illustration, promotion, editorial, art, advertising and trade. I grant permission to use the photographs in Chattahoochee Baptist Church's audiovisual and printed materials without compensation or approval rights.

**Parent / Guardian Signature:**

**NO ELECTRONICS ALLOWED**  
**Including Game Boys, PSP, Nintendo DS and Similar Devices**

Please fill out and attach additional forms for additional children