

**Bethel Baptist Church:
Kids of the Covenant Registration Form**

A. PARTICIPANT INFORMATION:

Child's Name: _____ Child's Age: _____

Allergies/Medications or Health Concerns: _____

Child's Health Card Number: _____

B. PARENTAL INFORMATION:

Full Name of Parents/Guardians: _____

Parent/Guardian Home Phone: _____ Parent/Guardian Cell Phone: _____

Parent/Guardian Email: _____

Alternative Emergency Contact Name: _____

Alternative Emergency Contact Phone: _____

C. EMERGENCY HOSPITAL TRANSPORTATION:

In the event of a medical emergency, Bethel Baptist Church personnel will take any child requiring medical assistance to the hospital. Parents/guardians will be notified immediately.

D. RELEASE OF LIABILITY:

Functions & Activities: It is my understanding that having my child participate in programs associated with the Bethel Baptist Church is a privilege. Prior to my child's participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, but not limited to, physical injury due to activity related accidents, illness, or even more serious consequences. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. By checking the above box, I agree to all of the terms and conditions listed.

Signature of Parent/Guardian: _____ Date: _____