

UNIVERSAL REGISTRATION FORM

OCTOBER 2008-OCTOBER 2009

I, _____ do hereby give my permission for my child to participate in activities with First Baptist Church of Chattanooga. It is my understanding that the staff and volunteers of the church will take all necessary precautions to ensure the safety of my child. I do hereby release the church of any legal or financial obligation due to accident or injury to my child. I also grant permission for any pictures taken of my child to be used around the church and/or church related websites.

Child's Full Name	Goes By	Male/ Female	Age	Date of Birth	Grade (if applicable)	T-Shirt Size

Address: _____

 Home Phone: _____
 Parents/Guardians: _____
 Phone Numbers: Mom's Work: _____ Cell/Pager: _____
 Dad's Work: _____ Cell/Pager: _____
 Email Address: _____
 (please print very carefully)

Alternate person to contact in case of emergency if parent cannot be reached

Name: _____ Relationship: _____
 Phone: _____ Alt Phone: _____

 Child's Doctor: _____ Doctor's Phone: _____
 Insurance Company: _____ Policy Number: _____

Any medical information that the staff needs to know (dietary needs, allergies or medications being taken). The staff cannot dispense medication unless listed on this form and an instruction sheet is sent and signed by a parent.

In the event my child has need of medical attention, I do hereby give my permission for the staff or volunteers of First Baptist Church of Chattanooga to obtain such medical treatment as deemed necessary. I understand that every effort will be made to contact me or my alternate contact person.

Parent's Signature: _____ **Date:** _____