

2017 EBBC Youth Fuge Registration Form

Name: _____

Grade: _____

Address: _____

Parent Cell Phone: _____ Student Cell Phone: _____

Home Phone: _____

Parent Email: _____ Student Email: _____

Shirt Size: _____

Attending Fuge

June 11th- 17th, 2017

Please choose one of the following to register for Fuge:

_____ \$50 Deposit due to reserve space

_____ \$325 Total Cost for Fuge

TOTAL COST: _____

Please return this registration form along with payment to reserve a spot. The parental release form and medical form will need to be turned in with the registration form or soon after.

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2016-2017 Parental Release Form
East Brent Baptist Church, Pensacola, FL
(Please print)

I, _____
(Parent or Guardian ... Please Print)
of the city of _____, state of _____, hereby affirm that my

child _____
(Child's Name ... Please Print)
shall be participating on the following date(s) (please initial all that apply)

___ **Fuge Camp**

___ **Other East Brent Youth Events**

Hereinafter referred to as "the Activity".

I certify that I am cognizant of inherent dangers associated with participation in the Activity and with the fact that participating in the Activity may take place outside of, away from, or on, church premises.

I understand and agree that East Brent Baptist Church, nor its trustees, representatives, instructors, or agents may be held liable in any way for any occurrence in connection with my child's participating in the Activity which may result in injury, harm, or other damages to me or my family.

As a part of the consideration for being allowed to enroll and participate in the Activity, I hereby personally assume all risks in connection with my child's participation in the Activity.

I further release The East Brent Baptist Church of Pensacola Florida, its trustees, instructors, agents, and representatives for any injury or damage which may befall my child while my child is enrolled in or participating in the Activity. I further agree to save and hold harmless East Brent Baptist Church of Pensacola Florida, its trustees, instructors, agents, and representatives from any claim by me or my family, estate, heirs, or assigns arising out of my child's enrollment and participation in the Activity.

I also authorize East Brent Baptist Church of Pensacola Florida to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating in the Activity.

I am willing to allow my child's picture to be used for church purposes, individually or in a group setting.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

I have executed this affirmation and release on the ___ day of _____ 20__.

Signature _____ Print Name _____

**PARENT CONSENT/MEDICAL TREATMENT FORM
EAST BRENT BAPTIST CHURCH**

I, the undersigned parent/legal guardian, do hereby make, constitute and appoint, Wade Rials and/or any other adult representative of East Brent Baptist Church appointed by them in writing as my true and lawful attorney in fact to act in my name, place, and stead for the limited purpose of providing informed consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment for my Child, _____, including hospital care and other medical services rendered by, or under the supervision of, any physician or surgeon, whether on the medical staff of such hospital or in the office of such physician or surgeon. Further, my attorney in fact is authorized to obligate me for the expenses or cost associated with obtaining such medical treatment of the child, and to execute any documents required by such physician, surgeon, or hospital to obtain such services.

(Please print the following information)

Name of Participant: _____ Grade _____

Gender: Male Female (circle one) T-Shirt size: _____ (S, M, L, XL, XXL)

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone _____ Pager Number: _____

Person to Call In Case of Emergency: _____

Phone: _____

Other: _____

Phone: _____

Insurance Company or Group: _____

Policy Number: _____

Does your child have any allergies to drugs or foods?

List: _____

Does your child suffer from any of the following? (Check all that apply)

Car Sickness _____ Nosebleeds _____ Headaches _____ Stomach Aches _____ Sinus _____

Trouble _____ Other: _____

Name of drug(s) used for the above checked:

Does your child take any medication regularly: ____ Yes ____ No

If there are restriction on child's activity, please note:

This information will be confidential to youth sponsors. Permission is hereby granted to the sponsors to administer to my child nonprescriptive medicine, should, the need arise. In the event of accident or illness, I will not hold the East Brent Baptist Church, Pensacola or sponsors responsible.

This release is effective _____ to _____. (Up to one year)

Signature of Parent or Guardian:

Signature of Witnesses:

STATE OF FLORIDA
COUNTY OF Escambia

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who personally appeared before me and who is personally known to me or who has produced _____ as identification.

Print Name: _____
Notary Public, State of Florida
Commission No. _____
My Commission Expires: _____