



2018-2019 Registration Form

Child's Name: _____

Parent(s)/Guardian Name: _____

Address: _____

Date of Birth: _____ Grade as of September 1st: _____



Home Phone: _____ Cell Phone: _____

Emergency Contact in case parent cannot be reached: _____

Email Address: _____ Home Church: _____

Please indicate the names of those allowed to pick up your child from Olympians meetings:

Family Physician: _____ Phone Number: _____

Specific medical allergies, chronic illnesses, or other conditions: _____

Date of last tetanus shot: _____

As the parent/guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency. This authority is granted after a reasonable effort has been made to reach the parent/guardian by phone at the number listed above. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases FREEDOM ROAD BIBLE CHURCH from any liability therefore. This release form is completed and signed with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Photographs are sometimes taken of children's ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web site, brochures and newsletters. Children's names or information are NEVER used without specific permission. By signing this area, you are releasing FREEDOM ROAD BIBLE CHURCH to use photographs of your child as stated above.

Signature of Parent/Guardian: _____ Date: _____

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