

First Baptist Church After School Program

Name of Child _____

Age _____ Birthdate _____

School _____ Grade (rising) _____

Family Information

Father's Name _____ Phone _____

Address _____ City _____ State/Zip _____

Where employed _____ Phone _____

Other emergency contacts

Name _____ Phone _____

Information about your child

Any allergies? _____

Any medical conditions? _____

Emergency Care information

Name of child's Doctor _____ Phone _____

Hospital Preference _____

I agree to allow First Baptist Church to seek emergency medical care in the event that I cannot be reached.

Signature of parent _____ **Date** _____

The undersigned agrees to indemnify and hold harmless first Baptist Church of Sanford, NC, a NC nonprofit corporation (Church) from any loss, damages, or liability of any kind, including property damage, attorneys' fee, personal injury or death to the undersigned policy of insurance shall insure against any losses, damages, or liability as described above, and not any insurance coverage provided by the Church, and the undersigned agrees that such insurance shall be in full force and effect at the time of use of the Church's facilities.

Signature of parent _____ **Date** _____