



*Participant's Name: _____

*Parent/Guardian Name: _____

*Address: _____

*City: _____

*State: _____

*Zip: _____

Home Phone: (____)____-____

Work Phone: (____)____-____

Cell Phone: (____)____-____

*Email: _____

*Gender: Male Female

*Birthday: _____

*Grade Just Completed: _____

If PreK will this child be 5 before Aug. 15?: Yes No

Allergies, Medical, & Special Needs:

(if none, leave blank)

*MEDICAL RELEASE STATEMENT:

In case of emergency I hereby authorize a representative of Northside Baptist Church to give consent for any and all necessary medical care for my child while he/she is in the custody of Northside Baptist Church.

I do not authorize consent for medical care for my child. (circle one)

*Emergency Contact Name (1): _____

*Emergency Contact Phone (1): (____)____-____

Emergency Contact Name (2): _____

Emergency Contact Phone (2): (____)____-____

*Authorized Pickup #1: _____

Authorized Pickup #2: _____

Authorized Pickup #3: _____

Authorized Pickup #4: _____

Where do you attend church?: I am a regular attender at Northside
 I attend another local church
 I do not regularly attend church

If somewhere other than Northside: _____

Guest of: _____