

Grace Baptist Church Clubs Registration Form

CLUB _____ YEAR _____

GRADE _____ AGE _____

LEADER _____

OFFICE USE ONLY

PLEASE PRINT CLEARLY

Child's first name: _____

Last (family) name: _____

Birthdate: month _____ day _____ year _____

Parent/Guardian full name: _____

Phone number: _____ Email address: _____

Mailing address: _____ City: _____ Postal code: _____

Street address: *(if different from above)* _____

Emergency contact name & phone: _____

NOTES: (Allergies, etc.) *(use back of page if necessary)*

I give permission for my child to leave the Club program without adult supervision.

Parent/Guardian Signature: _____

If you did not sign above and you may not be picking up the child yourself, we can only release your child to people you specifically designate. Please indicate up to three (3) people, besides yourself, to whom we may release your child.

1) _____ 2) _____

3) _____

Freedom of Information and Protection of Privacy Act

In accordance with the Freedom of Information and Protection of Privacy Act, Grace Baptist Church requires parental consent for the release of your child's photograph, video clips or comments in activities that she/he may participate in through church programs. The Sunday School, Christmas or other pageants are examples of where this publication may occur.

_____ YES _____ NO I give my consent for the publication of my child's photograph, video clips or comments for purposes consistent with the above. (Note: Names will not be used.)

I realize that all activities have inherent risks. Knowing this I agree to allow my child to participate in GBC regular programs and I accept all risks for any injury which may occur during the participation of my child.

Signature of Parent/Guardian: _____ Date: _____

For a complete copy of our "Personal Information Protection Policy" please contact our office.

I would like to know about services and events that happen at Grace Baptist Church

_____ YES _____ NO