



# 2024-2025 Release Form First Baptist Church of Clute

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Parent or Guardian:

Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

**In Case of Emergency, Notify** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Or \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Restrictions or other Health History: \_\_\_\_\_

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_ Group # \_\_\_\_\_

### Release & Consent

Every activity sponsored by First Baptist Church of Clute is carefully planned and supervised. However, even with the best of planning and precaution, unforeseen events occur. By signing this form, I agree to assume and accept all risks and hazards inherent in church-related and social activities, both on the church property and off site for the minor listed on this form. I also agree no to hold First Baptist Church of Clute, it's employees or volunteers liable for damages, losses or injuries to the person or property undersigned. I understand that I am signing for the minor listed on this form and give my permission by signing below for the minor to participate in all activities. It is further understood that the minor listed on this form will be expected to obey the rules and leadership at all times. In the event that I cannot be reached in an emergency, I hereby give my permission to the leadership of First Baptist Church of Clute to secure proper medical treatment for the minor listed on this form.

Printed Name of Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

This form is valid from the date signed through September 2024