



2023-2024 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