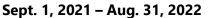
First Baptist Church, Mahomet, IL

Permission/Medical/Travel Release/Registration Form *Non-Overnight Programs/Activities





Name:		Preferred first name:		Gender:	F M	
Address:						
Birthday (m/d/year):		Grade	Grade:		T-shirt size:	
Parent(s)/Guardiar	ns Name(s):					
Parent(s) #:	Home:	Cell(s):				
Participant #:	Home:	Cell:				
Preferred text number(s):		Parent(s) cell	Parent(s) work cell	l Parti	cipant cell	
Preferred text number(s) for text blasts:		Parent(s) cell	Parent(s) work cell	l Parti	cipant cell	
Parent Email(s):		Participant Email:				
May we contact pa	rticipant (or parents/gua	ardians) on social media?	Yes	No		
If yes, list accounts:						
Participant Medical Information						
Allergies:						
Current Medication	ns:					
Medical Insurance	:	Policy #:				
Physician's Name:			Phone #:			
The undersigned assumes all risk injury or harm to the participant associated with participation in the Activity and agrees to release, indemnify, defend and forever discharge First Baptist Church, Mahomet and its staff, employees, and agents (collectively "First Baptist Church, Mahomet") of and from all liabilities, claims, demands, costs, expense, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the participant or by the participant, howsoever caused, arising to or arise by reason of or during the participant's participation in the Activity.						
Church, Mahomet or its a examination, anesthetic, r	gents (the temporary custodians medical or general or special supe	he undersigned parent or legal guard of the minor) to consent to or permit ervision or advice of any or several ph l at the office of the physician, surgec	any duly licensed physician ysician(s), surgeon(s), or den	or dentist to prescri tist(s) licensed unde	be any X-ray, er the laws of	
	ited for First Baptist Church, Mahe trade and all other lawful purpose	omet to use photographs, images and es.	d/or videos of the person na	med above in any a	nd all forms	
Signature of Parent/Guardian:			Date:			
Relationship to mir	nor:					
Person to contact in case of an emergency if unable to reach above named person(s):						
Name: Phone #:						
Signature of participant:						

*Participant will receive form prior to 9/1/2021 or first time attending FBC, Mahomet. Form to be completed/returned by 9/1/2021 or the next time participant comes. Participant agrees to abide by current local/state Covid 19 requirements.

Questions? Contact Pastor Brian Romanowski @ FBC 217-586-3304.