

First Baptist Church, Mahomet, IL
Permission/Medical/Travel Release/Registration Form
***Non-Overnight Programs/Activities**
Sept. 1, 2024 – Aug. 31, 2025



Name: Preferred first name: Gender: F M
Address:
Birthday (m/d/year): Grade: T-shirt size:
Parent(s)/Guardians Name(s):
Parent(s) #: Home: Cell(s):
Participant #: Home: Cell:
Preferred text number(s): Parent(s) cell Parent(s) work cell Participant cell
Preferred text number(s) for text blasts: Parent(s) cell Parent(s) work cell Participant cell
Parent Email(s): Participant Email:
May we contact participant (or parents/guardians) on social media? Yes No
If yes, list accounts:

Participant Medical Information

Allergies:

Current Medications:

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.

Authorization for emergency medical care to minors: The undersigned parent or legal guardian of the above named minor hereby authorizes First Baptist Church, Mahomet or its agents (the temporary custodians of the minor) to consent to or permit any duly licensed physician or dentist to prescribe any X-ray, examination, anesthetic, medical or general or special supervision or advice of any or several physician(s), surgeon(s), or dentist(s) licensed under the laws of any state, whether such diagnosis or treatment is rendered at the office of the physician, surgeon or dentist, or at a hospital licensed by the state.

Permission is hereby granted for First Baptist Church, Mahomet to use photographs, images and/or videos of the person named above in any and all forms of media for advertising, trade and all other lawful purposes.

Signature of Parent/Guardian: _____ Date: _____

Relationship to minor:

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 9/1/2024 or first time attending FBC, Mahomet.**
Form to be completed/returned by 9/1/2024 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.