

FIRST CHINESE BAPTIST CHURCH, WALNUT

Youth Activity Registration & Emergency Medical Release

Please fill out a new form each year. This form is valid from 9-1-2016 to 8-31-2017.

Please **PRINT** clearly in dark ink.

Name of Child: _____ Grade in Sept '16 (circle one): 6 7 8 9 10 11 12
Last First

Address: _____ Birth Date: _____ Male / Female

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Mother's Name _____ Mother's Cell or Work Ph # _____ E-Mail: _____

Father's Name _____ Father's Cell or Work Ph # _____ E-Mail: _____

REGISTRATION AND EMERGENCY CONTACT INFORMATION

FOR SUNDAY

If parent(s) or Guardian(s) attend this Church on Sundays, fill out where you can be located:

	Mother's Location	Father's Location:
1 st Session		
2 nd Session		

--OR--

Name of Guardian:	
Relationship:	
Location:	1 st Session -
	2 nd Session -

If Parent(s) or Guardian(s) DO NOT attend this Church on Sundays, fill out an Emergency contact person:

Name:	Ph #
If at church, where?	

FOR FRIDAY NIGHTS

If parent(s) or Guardian(s) attend this Church on Fridays, fill out where you can be located:

	Mother's Location	Father's Location:
7:30 – 9:30pm		

--OR--

Name of Guardian:	
Relationship:	
Location from 7:30 – 9:30pm:	

If Parent(s) or Guardian(s) DO NOT attend this Church on Fridays, fill out an Emergency contact person:

Name:	Ph #
If at church, where?	

Sibling Information :

1. Name:	Grade:
2. Name:	Grade:
3. Name:	Grade:

Child's Medical History

Check if your child has had any of the following:

- Frequent headaches
 Shortness of breath
 Asthma
 Ear, nose, or throat trouble
 Frequent colds
 Diabetes
 Heart trouble
 Fainting spells/dizziness
 Other _____

List allergies and/or allergic reactions _____

List any medication your child now takes _____

Name of Health Insurance (if none write "none") _____ Insurance Policy Number: _____

Emergency Medical Release:

Should it be necessary for my child to have medical treatment while participating in the church activities, I give the adult in charge permission on my behalf to secure hospitalization or medical services deemed necessary by the physician. I absolve said church and its personnel from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. I understand that FCBC has no medical insurance and any medical costs shall be my sole responsibility.

Signature **X** _____ Print Name: _____ Date: _____
Parent or Guardian Parent or Guardian