## FBC of Sycamore – SPLASH! 2022 | August 5-7, 2022

## FBC CHILDREN'S & YOUTH MINISTRY - CONTACT INFORMATION & PERMISSION AUTHORIZATION

Child's Name:	Parent/Guardian Names:		
Address:	Cell Phone Numbers:		
Child's Birthday:	Child's Age/Grade:		
ALLERGIES (medicine and/or food) and/or health conditions	<u>s:</u>		
Individuals authorized to pick up child from FBC (other than parents):			
Emergency Contact Information - Name & Relationship:		Cell phone number:	
Parent/guardian location/phone number to be reached during event time:			
In case of severe weather and event is canceled, what is the best way to contact you?			
Registration fee for FBC of Sycamore event is free. If you'd like to make a donation to help cover the cost of snacks and crafts, please make checks payable to FBC and write Kids on the memo line.			
FBC believes it is God's desire to reach and nurture the entire family. We want to partner with parents and guardians who are actively involved with FBC in the spiritual development of their children. As part of this endeavor, the leaders of VBS and other children's or youth ministry at FBC would like to contact your child to see how he or she is enjoying the ministry and to encourage your child. We would also like to send written correspondence such as "Get Well" cards and a "Birthday Card." We are asking your permission as the legal parent/guardian to contact your child by written communication and/or by telephone to discuss FBC activities.			
Parent/Guardian Signature	Date		

Parent/Guardian – Name Printed			
*** Please comple	te the back ***		
PERMISSION AND RELEASE – Emergency Health Treatment			
I hereby authorize FBC agents to provide emergency health t State of Illinois:	treatments for my child for this fiscal year within the		
Parent/Guardian Signature	Date		
Parent/Guardian – Name Printed			
WAIVER OF L	IABILITY		
or operated by FBC, I, for myself and my child, and our respect release FBC and its employees, agents, volunteers, officers liability, including any claims based upon or arising from any "Injury") based upon or arising from my or my child's attendescribed above or my or my child's transportation to, fror Injury was caused by FBC's negligence or by any other cause	, trustees, staff and their respective insurers from any injury, accident, illness or death (described hereafter as ndance at or participation in FBC's programs or events m or as part of such programs or events, whether such		
Parent/Guardian Signature	Date		
Parent/Guardian – Name Printed			
PERMISSION AND RELEASI I grant to "FBC" permission to take photographs/videos of my authorize to use and publish the same in print and/or electroni with or without name for purposes such as publicity, illustration the above:	child(ren) in connection with its sponsored program and cally. I agree that "FBC" may use such photographs/videos		
Parent/Guardian Signature	Date		
Parent/Guardian – Name Printed			

## **PERMISSION AND RELEASE - Transportation**

In consideration of my or my child's opportunity to participate in programs or events sponsored, held at or operated by First Baptist Church of Sycamore, Illinois (described hereafter as "FBC"), I hereby give FBC permission to transport or arrange for the transportation of my child to, from or as part of such programs or events:

Parent/Guardian Signature	Date
Parent/Guardian – Name Printed	