

The Learning Lab 2018-2019

Tuesdays 6:00 – 8:00 PM starting September 18

All sections **MUST** be completed.

First Baptist Church
of South Plainfield

201 Hamilton Blvd.
South Plainfield, NJ

PARTICIPANT INFORMATION

PARTICIPANT NAME (FIRST AND LAST) MALE FEMALE

HOME ADDRESS

CITY STATE ZIP

PARTICIPANT DATE OF BIRTH GRADE THIS FALL

PARENT/GUARDIAN NAME

CELL HOME PHONE

PARENT/GUARDIAN NAME

CELL

EMAIL

Important: We use your email address to be sure you have continued updates on children's programs at First Baptist Church

MEDICAL INFORMATION

Please identify any specific health problems or facts concerning the child's medical history which we or a treating physician should be aware of: medications being taken, physical impairments, unusual reactions to insect bites, or any other special needs for your child:

Please identify any known allergies of your child, including food, insects, medication, etc.:

STAFF USE ONLY

DATE & TIME FORM TURNED IN

INFORMATION RECORDED

STAFF INITIALS

EMERGENCY CONTACT (NOT PARENT OR GUARDIAN)

FIRST NAME LAST NAME

CELL PHONE ALTERNATE PHONE

AUTHORIZED TRANSPORTATION

WHO IS AUTHORIZED TO PICK UP YOUR CHILD? Please note: Authorized persons must be an adult and we will only allow your child to leave with those you list here. A photo ID and passcode will be required (Passcodes are randomly generated at every drop-off and may be shared with those picking child up).

PEOPLE AUTHORIZED TO PICK-UP CHILD:

TUTORING

Please list any subject areas or specific skills you would like us to work on with your child:

EMERGENCY MEDICAL TREATMENT RELEASE

Being the parent or legal guardian of _____ (hereafter the "minor child"), I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF WITNESS

PARTICIPANT AUTHORIZATION AND WAIVER OF LIABILITY

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of **FIRST BAPTIST CHURCH OF SOUTH PLAINFIELD: THE LEARNING LAB** (hereafter "the activity") on or about SEPTEMBER 18, 2018.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release **FIRST BAPTIST CHURCH OF SOUTH PLAINFIELD**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless **FIRST BAPTIST CHURCH OF SOUTH PLAINFIELD**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

THE FIRST BAPTIST CHURCH OF SOUTH PLAINFIELD MAY USE THE ABOVE LISTED PARTICIPANT'S PHOTO FOR PROMOTIONAL PURPOSES.

PLEASE CHECK THE APPROPRIATE BOX:

I give First Baptist Church of South Plainfield permission to use Photographs & Videos of participant. YES NO

NAME OF PARENT OR GUARDIAN, PLEASE PRINT

DATE

SIGNATURE OF PARENT OR GUARDIAN

**PLEASE RETURN THIS COMPLETED FORM TO COMPLETE YOUR REGISTRATION
FOR MORE INFORMATION, CALL 908-753-2382**

First Baptist Church of South Plainfield
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