Salem Baptist Church of Fredericksburg, Inc. Registration, Medical Information, and Release Form PLEASE RETURN THIS FORM TO SALEM BAPTIST CHURCH.

Participant's Name	
Parent's/Guardian's Name	
Mailing Address	
Home Phone:	Cell Phone:
Email:	
Age/Grade	
I give my child,	permission to ride SALEM EAMKID FROM 8:30AM TO 5:30PM, JULY 10, 2017 THROUGH
	In Case of Emergency
Name	Phone #(Please list all contact numbers.)
I (WE)	GIVE PERMISSION FOR MY
2017 TO JULY 14, 2017.	TO PARTICIPATE IN TEAMKID FROM JULY 10,
On 7/10/17 To 7/14/17 I will not any accident or sickness of my	hold Salem Baptist Church of Fredericksburg, Inc., responsible for child during the above mentioned activity. My personal insurance curred for treatment due to accident or sickness.
contact me. However, if I canno	ent medical treatment is required, efforts will be make to of the reached, I give my permission to the sponsor to y deem necessary, including anesthesia, for my child's
	Signed Parent or Guardian
	Date
pertinent information:	s, medications being taken, medical problems, or other

CONSENT FOR USE OF VIDEO AND/OR PHOTOGRAPH

(PLEASE MARK YOUR ANSWER.)

Ι	HEREBY,
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□ **DO NOT GIVE**

SALEM BAPTIST CHURCH OF FREDERICKSBURG, INC., PERMISSION TO USE VIDEOS AND/OR PHOTOGRAPHS OF MY CHILD IN ANY REPORTS AND PUBLICATIONS, INCLUDING AN INFORMATONAL BROCHURE AND WEB SITE. I UNDERSTAND THAT SALEM BAPTIST CHURCH OF FREDERICKSBURG, INC. IS A NON-PROFIT ORGANIZATION, AND THAT THESE PHOTOGRAPHS WILL NOT BE USED FOR ANY COMMERCIAL PURPOSE. SALEM BAPTIST CHURCH OF FREDERICKSBURG, INC. WILL NOT PUBLISH THE IDENTITY OF ANY MINOR(S) PICTURED IN THE VIDEOS/PHOTOGRAPHS PROVIDED.

Signature/Da	TI
 PDINT NAME AND RELATIONSHIP TO MINOR CHI	

PLEASE BRING YOUR ID TO SIGN OUT CHILD UPON PICK UP EACH DAY