

Registration and Medical Release
First Baptist Church of Scottsdale

Name _____ Phone _____
Address _____
City _____ Zip _____
Birthdate _____ School Grade '08-'09 _____
Invited to FBCS by _____
Child lives with: Mom _____ Dad _____ Both _____ Other _____

This release form will be in effect June 1, 2008 to May 31, 2009 for all events sponsored by FBCS.

My son/daughter has my permission to attend the activities with the First Baptist Church of Scottsdale, AZ. I the undersigned parent/guardian understand that my child is responsible for knowing and following the rules and regulations made by the church and sponsors of the activities. It is expressly understood by the parents/guardians that the child for whom this registration is made is in a condition of health that warrants his/her participation.

In case of accident or sickness, I understand every effort will be made to contact the parent if emergency treatment is needed. In the event contact cannot be made, the following statement authorizes such treatment as may be required:

We the Parents or Guardians of the above named minor, do hereby authorize the representative of the church as agent to give specific consent to any diagnosis, treatment, or hospital care which a duly licensed physician or surgeon may deem necessary.

Signed _____ Date _____
Address _____ City _____ Zip _____

If you are not available to pick up your children: list two additional adults who may pick them up. _____

Your registration provides FBCS the authorization to use photos and videos of you and your child for promotional purposes.

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KZ Friendz is provided FREE of charge! At FBCS, we believe that every child should have the opportunity to attend KZ Friendz. If you would like to assist the church in covering the costs associated with KZ Friendz, please feel free to include your donation with this form.


Children Matter to God
First Baptist Church of Scottsdale
7025 E. Osborn Rd.—Scottsdale, AZ. 85257



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7025 E. Osborn Rd. 85257

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Family /Health Information

Father's Name _____ phone _____
work phone _____

Place of employment _____

Mother's Name _____ phone _____
work phone _____

Place of employment _____

Family Insurance Company _____

Policy Number _____ Certificate Number _____

Group _____ Holder _____

Family Doctor _____ phone _____

Last Tetanus Injection _____

Allergies _____

Other Medical Information (ie. Asthma, Diabetic, etc.) _____

What medications is your child currently taking? _____

Please describe any special physical, mental or social conditions
which your child may have. _____

**In case of emergency and the parents cannot be reached,
please contact:**

Name _____ phone _____

Address _____

Relationship to Child _____

**YES, I would like to receive future emails regarding this and
other ministries associated with FBCS.**

My email address _____

Family /Health Information

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work phone _____

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