

FIRST BAPTIST CHURCH MADDOXTOWN MINOR CHILD REGISTRATION

Event/Activity _____ Date _____

Child's Name _____ Birthdate ____/____/____

Child's Name _____ Birthdate ____/____/____

Parent/Guardian Name(s) _____

Address _____

Home Phone _____ Cell Phone _____

School attending _____ Year _____ Grade _____

Allergies _____

Medications _____

EMERGENCY CONTACT INFO

Name _____

Best contact phone number _____

FIRST BAPTIST CHURCH MADDOXTOWN MEDIA RELEASE FORM

I hereby authorize First Baptist Church Maddoxtown to produce, reproduce (or reuse), edit videos, take pictures, print, and record sound of me and/or the minor child(ren) listed above, and our names, for use in the Church's printed publications, Facebook page and/or website.

I release First Baptist Church Maddoxtown from any expectation of confidentiality for the minor child(ren) listed above and myself and attest that I am the parent or legal guardian of the child(ren) listed and that I have the authority to authorize the Church to use produced, reproduced (or reused), edited videos, pictures taken, printed, and recorded sound and names. .

I acknowledge that since participation in publications, Facebook pages, and websites produced by First Baptist Church Maddoxtown is voluntary, neither the minor child(ren) nor I will receive financial compensation.

I further agree that participation in any publication, Facebook page, and website produced by First Baptist Church Maddoxtown confers no rights of ownership whatsoever. I release First Baptist Church Maddoxtown, its contractors, members, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the minor child(ren) listed above.

Parent/guardian printed name _____

Street Address _____

City/State/Zip _____

Parent/guardian Signature _____ Date ____/____/____