

FABIC Reach Kids Club Spring 2015 Registration Form

| Last Name(s) | First Name(s) | 2014-15 Grade | M/F | Allergies |
|--------------|---------------|------------------|-----|-----------|
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List any medications, additional health information or special instructions below:

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|--------------------------|-------------|
| Parent/Guardian Name(s): | Home Church |
| Mailing Address: | Home Phone: |
| City, State, Zip: | Cell Phone: |

In case of illness or injury, a Club staff member will make every attempt to contact a parent/guardian. In the event a parent/guardian cannot be reached, please provide an emergency contact person:

| Name | Relationship to Child(ren) | Phone Number |
|------|----------------------------|--------------|
| | | |

In the event of a medical emergency that appears to require more extensive care than can be given at church, it may be necessary for us to seek immediate professional care and assistance. Therefore,

| | |
|-----------|---|
| (initial) | I hereby authorized medical treatment in an emergency situation in the event I cannot be reached. |
|-----------|---|

Parent/Guardian Signature: _____ **Date:** _____

PICK UP POLICY: Children must be picked up by a parent, guardian, or older sibling by 8:00pm from the Sanctuary.

For the safety of your child, FABIC's Pickup Policy for children birth through 5th Grade states:
We, as FABIC church, ask that parents/guardians pick up their children within ten minutes following any class or program. Any parents/guardians desiring that their children be released independently or into the care of others must give written permission. Please name any other adult or teen family member who has your permission to pick up your child:

| Name | Relationship to Child(ren) | Phone Number |
|-----------|--|--------------|
| | | |
| | I hereby authorized the above named person permission to pick up my child(ren). | |
| (initial) | | |

MEDIA PERMISSION

Because of the overlap of media and Club productions we ask that you identify one of the following two options allowing your child to have his or her photo/video taken at a FABIC event and published. We would ask that you prayerfully consider allowing the church to use your child's image and/or name in any of our media releases and publications, including but not limited to: website, church emails, newspaper releases, online publishing, etc.

_____ Yes, my child's photo, video, and name may be used in any church publication or news release, electronic or otherwise.

_____ No, my child's photo, video, and name may not be used in any church publication or news release, electronic or otherwise.

| | |
|-----------|---|
| | I release Fairview Avenue Brethren in Christ Church to record my child's likeness, via still photo, or video recordings for use as church promotional material. I understand these recordings may be edited at the discretion of the church, and that they may be published in promotion videos, brochures, Facebook and on the church website. I hereby waive all rights to compensation for these recordings. |
| (initial) | |

I/We would like to assist with:

_____ Snacks _____ Craft items _____ Wherever needed