

Welcome! KRBC Registration Form

Sunday school CSB (Boys Clubs) GEMS (Girls Clubs) Youth Activity

Student First Name: _____ Last Name: _____

Grade Level: _____ School: _____

Address:

Street Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Details:

Birth Date: _____ Sex: Male Female

Brought by: _____ Ethnicity: _____

Allergies: _____

Church you attend regularly: _____

Student Contact Information:

Home Phone: _____ My Cell Phone: _____

My Work Phone: _____ Alternate Phone: _____

Email: _____

Do you use Facebook: _____ Do you Text: _____

Hobbies: _____

Sports & Activities: _____

Family Information:

Mother: _____ Email: _____

Mom's Cell Phone: _____ Mom's Work Phone: _____

Father: _____ Email: _____

Dad's Cell Phone: _____ Dad's Work Phone: _____

**KARL ROAD BAPTIST CHURCH
5750 KARL ROAD, COLUMBUS, OH 43229
(614) 885-3929**

CURRENT MEDICAL INFORMATION:

Allergies (including food): _____

Illnesses/Injuries: _____

Special Physical Concerns: _____

Medications: _____

Doctor: _____ **Doc. Phone**

#: _____

In case parent/guardian or emergency contact cannot be notified immediately do you authorize a leader to administer any of the following:

- Tylenol Aspirin Ibuprofen Pepto-Bismol

Name of Health Insurance Company: _____

Name of Person Insured: _____ **S.S. #** _____

Policy # _____ **Group #** _____ **Ins. Co Phone #** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

IT IS HELPFUL TO PROVIDE A PHOTOCOPY OF YOUR INSURANCE CARD.

PARTICIPATION AGREEMENT:

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the church, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury or illness sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the church and all of its representatives for any injury/illness related to the activity.

I further authorize the church or their representative, employee, or agent to obtain any medical treatment for the participant that should appear to be necessary during the activity, and I will be responsible for the full payment of expenses relating to such illness or injury.

I affirm that I have the right to authorize and agree to the foregoing. I have carefully read and understand this agreement, and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

SIGNATURE: _____

DATE:

