

Shelbyville Mills Baptist Church Registration and Medical Release Form

Name: _____ Age: _____ DOB: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Church of regular attendance: _____

In case of emergency notify: _____
Home Telephone: _____
Business Phone: _____
Cell Phone: _____
Beeper: _____
Other: _____

Family Physician: _____ Phone: _____
Insurance Company: _____
Policy Number: _____
Drug Allergies: _____
Food Allergies: _____

Medical Release:

I, _____ Parent/Guardian, give the adult
Please Print Full Name
leadership of Shelbyville Mills Baptist Church, the authority to provide or
sign for medical treatment for _____.
Name of Child

Signed _____ Date: _____
Signature of Parent or Legal Guardian

Release of Liability:

I give my permission for my child, _____ to
Please Print Child's Name
attend all "Warfare of the Believer" Summer 2015 Children's Ministry
Events. I do not hold Shelbyville Mills Baptist Church liable for any
injuries, accidents, or illness incurred during this event.

Signed _____ Date: _____
Signature of Parent or Legal Guardian

Print your full name: _____