



# Participation Form

## Child information

Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

## Parent/Guardian information

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Best Phone \_\_\_\_\_ 2<sup>nd</sup> phone \_\_\_\_\_

Email \_\_\_\_\_

In case I/we cannot be reached during an emergency, I/we the undersigned give permission for my/our child to be treated by a licensed physician if this emergency might endanger his/her life and/or cause disfigurement, physical impairment or undue discomfort by delaying treatment. Said physician is to administer whatever care is necessary, including anesthesia. The undersigned assumes responsibility for any costs connected with such treatment and hereby releases Bethel Baptist Church of Fredericksburg, Virginia and the driver of any vehicle transporting my child to a supervised outing, from liability. This release form is completed and signed of my/our own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my/our absence.

Signature \_\_\_\_\_

Please note that photographs may be taken during children's events. These photographs could be used by Bethel Baptist Church, Fredericksburg, VA on our website and/or social media accounts.

(Please initial) \_\_\_\_\_

Bethel Baptist Church  
1193 White Oak Rd.  
Fredericksburg, VA 22405

