



Membership Form

Child information

Full Name _____

Preferred Name _____

Date of Birth _____ Grade _____

Home Address _____

Parent/Guardian information

Full Name _____

Address _____

Best Phone _____ 2nd 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 _____

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