



# **SABBATH SATURDAYS**

## **Registration Form**

**Faith Community Baptist Church**

**1903 Cool Lane Richmond, Virginia 23223 Voice (804) 649-7225 Fax: (804) 649-0935**

### **CONTACT INFORMATION**

**Youth Name:** \_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle* \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ *Street Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

**Grade Level:** \_\_\_\_\_ **School Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Phone Number** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

### **EMERGENCY INFORMATION (When Parent Cannot Be Reached)**

**Name** \_\_\_\_\_ **Relation to Youth** \_\_\_\_\_

**Phone Number** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Address:** \_\_\_\_\_ *Street Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

### **MEDICAL INFORMATION**

Does the youth have any physical disabilities/limitations?  **Yes**  **No**

Is the youth currently taking any medications?  **Yes**  **No**

Does the youth have any allergies?  **Yes**  **No**

If yes to any of the above, please explain: \_\_\_\_\_

Name of Youth's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ *Street Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

In the event of an emergency, I \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_, authorize Faith Community Baptist Church to obtain urgent medical care.

**Parent/Guardian Signature:** \_\_\_\_\_

*(Continued On Reverse Side)*

I \_\_\_\_\_ authorize the below individual/s to drop off and pick up my child,  
\_\_\_\_\_ from Sabbath Saturdays at Faith Community Baptist Church.

I understand that ALL persons to include myself must sign my child in and out daily and present identification.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

### **Parent Consent Statement**

As the parent/guardian, I certify that my teen has my permission to participate in the Sabbath Saturdays at Faith Community Baptist Church. I understand that she will be subject to the rules of Sabbath Saturdays. I also agree that my teen will follow the instructions of the Sabbath Saturday staff and will treat others with courtesy and respect. I understand that if my teen fails to do so, Sabbath Saturdays administrative staff will contact me immediately. I understand that photographs and videos may be taken to document activities. I give my permission for photographs and/or videos to be taken of my child during the Sabbath Saturdays to be used for educational and/or promotional materials for Faith Community Baptist Church.

**Print Parent/Guardian Name:** \_\_\_\_\_

**Print Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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