



# MDO Registration 2018-2019

Child's Name: \_\_\_\_\_ Date \_\_\_\_\_

Age (as of Sept 2018) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M or F

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZipCode: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name of Church You Attend \_\_\_\_\_

Any Special Instructions regarding your child's care? \_\_\_\_\_

Does your child have any medical problems? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ If yes, Please explain \_\_\_\_\_

**EMERGENCY CONTACT: Someone we may call in an emergency, who will know how to reach the parent, in the event a parent/guardian cannot be reached.)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

My child may be picked up by the following people:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

## PARENT/GUARDIAN PERMISSION:

I hereby give my permission for \_\_\_\_\_ to take part in various sponsored trips, outings, and camps of Immanuel Baptist Church – Odessa, Texas. I also give my permission for my child to be transported in vehicles used in conjunction with these events. I further give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for the above named son/daughter. I release the church representatives/sponsors from liability for accident or injuries on these trips or activities. Valid thru 5/31/18

I understand Immanuel Baptist Church may take photos and/or videos of my child to use for publicity, informational purposes, and public viewing on printed materials or the internet.

Parent's Signature \_\_\_\_\_