



FIRST BAPTIST CHURCH-TROY

20 Church Avenue, P.O. Box 130 Troy, Texas 76579
(254) 938-2582/2583
email: fbctroytx@sbcglobal.net Web site: www.fbctroytx.org

To receive text reminders and notifications about
Team KID text @fbctr to 81010

TEAM KIDS ENROLLMENT FORM

Child's Name: _____ M/F ___ Date of Birth: _____ Grade: _____

Additional Children Attending:

Name _____ M/F ___ DOB: _____ Grade: _____

Name _____ M/F ___ DOB: _____ Grade: _____

Name _____ M/F ___ DOB: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____ Zip code: _____

Phone Numbers: Cell: _____ Home/Work: _____

Email address: _____

Emergency Contacts:

Name: _____ Contact #: _____

Name: _____ Contact #: _____

Physicians Name: _____ Contact #: _____

Medical or other important information we need to know about your child. Please include all allergies (including food allergies) and/or any guardianship issues:

(Please see other side)



Do you attend Church? If so, where: _____

PHOTO PERMISSION

I give do not give (please check one) First Baptist Church of Troy permission to take photos of my child,

(child's name) _____ during Team KID activities, to post on both their website and in the hallways of the church for display.

NO names, addresses, phone numbers or any other contact information about your child will be posted.

MEDICAL RELEASE

In the event of an emergency in which my child requires treatment by a physician due to illness or injury, I hereby authorize the adult sponsors of the church to obtain whatever medical/surgical treatment deemed necessary for the well being of my child. I agree to accept responsibility for any and all expenses incurred while obtaining this treatment.

In consideration for permitting my child to attend this function, I release the church, its employees, agents and members and all sponsors from any and all liability for any injury to my child, and agree to indemnify them and hold them harmless from any such injury. This indemnification agreement expressly includes indemnification from liability for acts of negligence or other wrongful acts on the part of the church, its employees, agents and members, and all sponsors of the function.

By signing this form, I am verifying that all information provided by myself is true and correct and that I agree to the aforementioned information to ensure the safety of my child while in the care of First Baptist Church of Troy.

Parent/Guardian Signature: _____



Date: _____

