



REGISTRATION FORM

(Please Print)

Please try to be at registration at least 10 minutes prior to the event.

Today's date:		Event:	
CHILD INFORMATION			
First Name:	Last:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
		Birth date: / /	
Street address:		Home phone no.:	
		()	
City:		State:	ZIP Code:
How did you hear about this event?			

CHURCH LIABILITY RELEASE

As a parent/guardian of above minor youth and participant in the programs of **Lake Point Baptist Church (LPBC)**, I do hereby release, forever discharge and hold harmless Lake Point Baptist Church, and the Deacons/Directors/Pastor/volunteers thereof, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses.

This release covers transportation provided by Lake Point Baptist Church and its representatives who are properly licensed to drive in the state of Ohio: also meetings on the LBPC property or any other site during programs and activities: also consent to emergency medical or dental treatment, including examination, diagnosis, treatment, anesthetic and surgical treatment. The undersigned agrees to pay all cost and expenses.

Medical Information:	Birth date:	Address (if different):	Home phone no.:
Name of insured:	/ /		()
Insurance Company:			
Policy Number:	Primary Physician:	Known Allergies/Medication/Medical Problems:	Employer phone no.:
			()
Name of Parent/Guardian:			
Signature of Parent/Guardian:			
Address (if different)			
<input type="checkbox"/> Check box if you do not give Lake Point Baptist Church (LPBC) , permission to publish in print, electronic, or video format the likeness or image of your child while attending this event.			

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to child	Home phone no.:	Work phone no.:
		()	()
The above information is true to the best of my knowledge.			
_____		_____	
<i>Patient/Guardian signature</i>		<i>Date</i>	