

Hope Baptist Church

Hotdogs & Homework Ministry

Thursdays, 5:00pm – 6:30pm
(During the school year)

Held at 1487 W. Pine Ridge Blvd.

Beverly Hills, FL 34465

*Parents please have children arrive by 5:00pm if interested in dining

Child's Name (Last, First)	Age	Birthdate

Parent(s)/Guardian Name(s) _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent e-mail address _____

The undersigned do(es) hereby give permission for my (our) child(ren): (List child(ren) name(s),

to attend and participate in Hope Baptist Church's "Hotdogs and Homework" during the period of **September 2018 until May 2019.**

LIABILITY RELEASE: In consideration of Hope Baptist Church allowing the above child(ren) to participate in Hotdogs and Homework activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Hope Baptist Church, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in "Hotdogs and Homework".

Furthermore, we (I) [and on behalf of our (my) minor child(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

PHOTO/PICTURE PERMISSION: I (we) give my (our) consent to Hope Baptist Church to use photo or video images taken of my (our) child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless Hope Baptist Church from any liability which may result from the use of said picture(s). This form will apply throughout my (our) child(ren)'s tenure at Hope Baptist Church "Hotdogs and Homework" ministry. **None of the photos to be taken will be for personal use.

Parent/GuardianSignature _____ **Date** _____

Medical Insurance: YES _____ NO _____

InsuranceCompany: _____ **Policy/GroupID#** _____

Allergies or Medical Conditions: *(If more than one child list each separately)*

Date of last tetanus shot *(Each child)* _____

Activity restrictions: _____

Emergency Contact person & phone #s in case parent/guardian cannot be reached:

Name: _____

Phone #s: _____

Parent/GuardianSignature _____ **Date** _____

Note: All information will remain confidential to Hope Baptist Church Staff.

Please return all completed Registration/Permission/Waiver forms to:

Hope Baptist Church
1487 W. Pine Ridge Blvd.
Beverly Hills, FL 34465
E-mail: pastorkelly@hopebaptistonline.org
Phone: 352-746-7879