

First Baptist Church, Tallahassee, Florida  
 Personal Information Form  
 Children and Youth Ministries Program Participation

**This form must be filled out and submitted annually.  
 This form is in effect from \_\_\_\_\_ through \_\_\_\_\_**

**PLEASE PRINT**

This form was submitted or updated on \_\_\_\_\_ (Date).

Full name of child/youth: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address with city and zip code: \_\_\_\_\_

Child/Youth phone numbers with area code: Home \_\_\_\_\_ Cell \_\_\_\_\_

Child/Youth email (please print): \_\_\_\_\_

	Mother's Info	Father's Info
Employer:		
Work Phone (area code):		
Cell Phone (area code):		
Email (please print):		
If different from child's/youth's: Address:		
Home Phone (area code):		

Please provide information for a guardian if that info differs from any of the above.

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone (area code): \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Information:** Name and phone number of additional contact person in case of emergency. (This should be someone who is familiar with family members and who would likely know where a parent or guardian can be located.)

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Phone

Medical Information:

Name of child's physician: \_\_\_\_\_

Physician's phone number (area code): \_\_\_\_\_

**Insurance Information:**

Company: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Group/Policy # \_\_\_\_\_

Does your child:

- a) Have allergies to:  
 Food (Y / N) If Yes, please list and explain. \_\_\_\_\_  
 Medications (Y / N) If Yes, please list and explain. \_\_\_\_\_  
 Other (Y / N) If Yes, please list and explain. \_\_\_\_\_

- b) Have any physical restrictions which limit activities? (Y / N) If yes, list specific activity and provide explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- c) Presently take any kind of medication? (Y / N) If Yes, please list and explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: If medications need to be given during an activity/event, Appendix G-2 should be completed.**

Date of child's last Tetanus shot (DPT): \_\_\_\_\_

**Please provide in the space below any additional comments you would like to make regarding your child's physical or mental health.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information provided above is correct and complete to the best of my knowledge. It is the responsibility of the parent or guardian to update this information as needed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

First Baptist Church, Tallahassee, Florida
Release and Indemnity Statement

In consideration of my child participating in the programs and ministries of the First Baptist Church of Tallahassee, Florida, Inc. ("Church") during the \_\_\_\_\_ (period of time), I agree to:

Assume the risks for me and my minor child or ward incidental to participation in the programs and ministries of the Church and each of its activities on and off campus.

Permit my minor child or ward to ride in any vehicle designated by the adult in whose care the minor child or ward has been entrusted while participating in Church programs, ministries, and activities.

Assume all transportation costs, should it be necessary, for the minor child or ward to return home

Authorize first aid or other medical treatment for myself and my minor children and wards, at my cost; however, Church shall have no duty, obligation or liability arising out of the provision of, or failure to provide, first aid or other treatment.

Release and forever discharge, on my behalf and for and on behalf of my minor child, ward, heirs, executors and administrators, the Church and all of its officers, directors, employees, members, servants, volunteers (including without limitation chaperones and Sunday School and Bible Study workers), agents, successors and assigns (collectively "Church") of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my own and my minor child's or ward's participation in Church programs, ministries, and activities.

Indemnify and hold Church harmless against any and all such liabilities, claims, actions, damages, costs or expense, including but not limited to attorneys' and other fees and disbursements.

This agreement includes, without limitation, any claims caused or suffered by me or my minor child or ward and any claims based on the negligence, action, or inaction of Church and covers bodily injury (including death) and property damage, loss, or theft whether caused or suffered by me or my minor child or ward before, during, or after such participation.

This Agreement constitutes the entire agreement among the parties with respect to the subject matter of this Agreement and supersedes any and all previous agreements among the parties, whether written or oral, with respect to such subject matter.

I represent and warrant to Church that I am 18 years of age or older and that I have the full right, power, capacity, and authority to execute this Agreement on behalf of myself and as the parent/legal guardian of any minor child or ward identified below for all purposes of this Agreement. This Agreement shall be binding upon me and my heirs, personal representatives, children, wards, and assigns and shall be governed by and construed under the laws of the State of Florida without regard to conflicts of law principles. Venue for any legal action arising out of or pursuant to this agreement shall be in Leon County Florida and jurisdiction shall be vested exclusively in the Circuit Court of the Second Judicial Circuit in and for Leon County Florida, or if appropriate in the Federal District Court for the Northern District of Florida, Tallahassee Division.

I am signing and agreeing on my own behalf, and on behalf of the person under the age of eighteen (18) years identified herein as: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Notary

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_. Type of ID produced: \_\_\_\_\_

**First Baptist Church, Tallahassee, Florida  
Authorization to Photograph, Record, and Produce**

In consideration of the possibility of having my child’s image included in the promotional materials (website, social media pages, brochures, and similar media) of the First Baptist Church of Tallahassee, Florida, Inc. (“Church”), I, parent/guardian of (print name on line below):

\_\_\_\_\_, hereby agree that any reproductions, photographs, and recordings in all formats and media, now known or hereafter devised may be used by the Church in whatever way they desire. Furthermore, I hereby agree that each photograph, videotape, recording, or other work are the property of the Church, and I assign to the Church all reproduction rights free and clear of any claim whatsoever on my part.

Furthermore, I acknowledge that my child’s full name will not be used as identification in images published on the website or in external hard copy promotional publications, but I understand that, due to technology such as facial recognition and “tagging,” my child’s name may be associated with a photograph or video posted on social media.

I understand that if I wish to revoke this form and/or I do not want my child to be photographed or videotaped by the Church for any purpose, I will notify the church Business Administrator in writing, and this may limit my child’s ability to participate in group activities, such as choir performances or group photos, where the group may be photographed.

\_\_\_\_\_  
Parent/Guardian (Print Name)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date