

# **Faithful Followers Registration Form**

2800 University Drive, Charleston, IL 61920  
(September 1, 2022 through August 31, 2023)

Charleston Baptist Church (CBC) will make every effort to contact you in the event of an emergency with your child at a church event. In case we cannot reach you, we need your permission to have your child treated. By signing below, you authorize CBC members to seek professional medical aid or to administer first aid in an emergency as needed for illness or injury, you accept full responsibility for any medical expenses that may occur for your child, and you agree to not hold CBC or its members or anyone representing CBC responsible for any illness or injury that may occur with your child while attending any CBC event.

Parent(s)/Legal Guardian Name \_\_\_\_\_

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

Child #1 Name \_\_\_\_\_ Child #1 D.O.B, \_\_\_\_\_

Child #1 T-shirt size \_\_\_\_\_ Child #1 Grade \_\_\_\_\_

Child #2 Name \_\_\_\_\_ Child #2 D.O.B, \_\_\_\_\_

Child #2 T-shirt size \_\_\_\_\_ Child #2 Grade \_\_\_\_\_

Child #3 Name \_\_\_\_\_ Child #3 D.O.B, \_\_\_\_\_

Child #3 T-shirt size \_\_\_\_\_ Child #3 Grade \_\_\_\_\_

Child #4 Name \_\_\_\_\_ Child #4 D.O.B, \_\_\_\_\_

Child #4 T-shirt size \_\_\_\_\_ Child #4 Grade \_\_\_\_\_

Parent(s)/Legal Guardian Phone Number: \_\_\_\_\_

Can we text you at this number? Yes or No

Do you have the messenger app? Yes or No

If you have the messenger app, can we add you to our private messenger group? Yes or No

Emergency Contact (other than parent): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*The majority of our communication will take place through our private group in Messenger for those that have Messenger although if you do not have messenger, please mark your preferred way of contact.**

Preferred way to be contacted: \_\_\_ Text \_\_\_ Phone call \_\_\_ Email

Email address \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Medication Allergies: \_\_\_\_\_

Please list any current Medical conditions or Medical history for your child that we need to be aware of.

The following creams/items that are marked may be used on my child if the need arises:

\_\_\_ Antibiotic Ointment \_\_\_ Benadryl Cream \_\_\_ Hydrocortisone Cream \_\_\_ Latex Band-Aids

**In the case of an emergency we will contact parent to meet us/ambulance at the nearest medical facility.**

**The following persons listed may pick my child up from CBC activities:**

Name/Phone Number/Relationship: \_\_\_\_\_

Name/Phone Number/Relationship: \_\_\_\_\_