

**FBC OF SYCAMORE – VBS July 11-15, 2022**  
**FBC CHILDREN’S & YOUTH MINISTRY – CONTACT INFORMATION & PERMISSION AUTHORIZATION**

|  |                        |
|--|------------------------|
| Child’s Name:  | Parent/Guardian Names: |
| Address:   | Cell Phone Numbers:    |
| Child’s Birthday:  | Child’s Age/Grade:     |
| <b><u>ALLERGIES (medicine and/or food) and/or health conditions:</u></b>   |                        |
| Individuals authorized to pick up child from FBC (other than parents):   |                        |
| Emergency Contact Information - Name & Relationship:   | Cell phone number:     |
|  |                        |
| Parent/guardian location/phone number to be reached during VBS time:   |                        |
| In case of severe weather and VBS is canceled, what is the best way to contact you?  |                        |
| Registration fee for FBC of Sycamore VBS is free. If you’d like to make a donation to help cover the cost of snacks and crafts, please make checks payable to FBC and write Kids on the memo line. |                        |

FBC believes it is God’s desire to reach and nurture the entire family. We want to partner with parents and guardians who are actively involved with FBC in the spiritual development of their children. As part of this endeavor, the leaders of VBS and other children’s or youth ministry at FBC would like to contact your child to see how he or she is enjoying the ministry and to encourage your child. We would also like to send written correspondence such as “Get Well” cards and a “Birthday Card.” We are asking your permission as the legal parent/guardian to contact your child by written communication and/or by telephone to discuss FBC activities.

|                                       |             |
|---------------------------------------|-------------|
| <i>Parent/Guardian Signature</i>      | <i>Date</i> |
| <i>Parent/Guardian – Name Printed</i> |             |

**\*\*\* Please complete the back \*\*\***

**PERMISSION AND RELEASE – Emergency Health Treatment**

I hereby authorize FBC agents to provide emergency health treatments for my child for this fiscal year within the State of Illinois:

|                                       |             |
|---------------------------------------|-------------|
| <i>Parent/Guardian Signature</i>      | <i>Date</i> |
| <i>Parent/Guardian – Name Printed</i> |             |

**WAIVER OF LIABILITY**

Also, in consideration of my or my child’s opportunity to participate in programs and/or events sponsored, held at, or operated by FBC, I, for myself and my child, and our respective heirs, administrators, executors, and assigns hereby release FBC and its employees, agents, volunteers, officers, trustees, staff and their respective insurers from any liability, including any claims based upon or arising from any injury, accident, illness or death (described hereafter as “Injury”) based upon or arising from my or my child’s attendance at or participation in FBC’s programs or events described above or my or my child’s transportation to, from or as part of such programs or events, whether such Injury was caused by FBC’s negligence or by any other cause or reason.

|                                       |             |
|---------------------------------------|-------------|
| <i>Parent/Guardian Signature</i>      | <i>Date</i> |
| <i>Parent/Guardian – Name Printed</i> |             |

**PERMISSION AND RELEASE- PHOTO AND VIDEO**

I grant to “FBC” permission to take photographs/videos of my child(ren) in connection with its sponsored program and authorize to use and publish the same in print and/or electronically. I agree that “FBC” may use such photographs/videos with or without name for purposes such as publicity, illustration, advertising, and Web content. I have read and understand the above:

|                                       |             |
|---------------------------------------|-------------|
| <i>Parent/Guardian Signature</i>      | <i>Date</i> |
| <i>Parent/Guardian – Name Printed</i> |             |

**PERMISSION AND RELEASE - Transportation**

In consideration of my or my child’s opportunity to participate in programs or events sponsored, held at or operated by First Baptist Church of Sycamore, Illinois (described hereafter as “FBC”), I hereby give FBC permission to transport or arrange for the transportation of my child to, from or as part of such programs or events:

|                                       |             |
|---------------------------------------|-------------|
| <i>Parent/Guardian Signature</i>      | <i>Date</i> |
| <i>Parent/Guardian – Name Printed</i> |             |