Child's Name

Age

Grade

Parent/Guardian

Address

City

State

Cell Phone

Zip

Where are you staying during the week of the Conference?

Allergies

Special Requests

Approved individuals to pick up child (photo ID needed)
My child, listed below, has my permission to participate in all activities related to the 2012 GARBC Conference, both on and off the Conference site.

**Name of Child / Program**
(Nursery, Preschool, Children, Youth)

In the event my child becomes ill or injured, I authorize the following actions:
1. Contact me first.
2. If I am not available, the group leaders may use their judgment in contacting a physician and following his/her instructions.
3. In case my child is involved in an accident and requires treatment, the attending physician has my permission to examine my child and begin treatment in my absence.

**Please list any medical allergies, medications being taken, medical problems, or other pertinent information.**

____________________________________________________________________________
____________________________________________________________________________

I understand that all expenses will be my responsibility or that of my insurance company.
I release the GARBC, all Conference program workers, Baptist Bible College & Seminary, and the city of Clarks Summit, Pennsylvania, from any and all liability.

Parent’s / Guardian Name ___________________________ Date ___________________________
Signature

Address

City/State/Zip

Phone (home) ___________________________ (cell) ___________________________
Insurance Company ___________________________ Policy Number ___________________________