



HEBRON BAPTIST CHURCH

Registration, Emergency Contact & Consent

PLEASE PRINT CLEARLY

Archer's Name: _____

Date of Birth (if under 18): _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ E-Mail: _____

School: _____ Grade: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone #: _____

Relationship to participant: _____

Are there any dietary limitations, allergies, current medications or current medical conditions you would like us to know about? Yes No If yes please explain below:

CENTERSHOT PERMISSION & PHOTO RELEASE FORM (for minors under the age of 18)

I give my permission for my child _____ to participate in Hebron Baptist Church, Centershot Archery Ministry. I also fully understand that I am giving permission for my child to participate in archery activities that include all use of bow and arrow. I will not hold the church or leaders related to the event legally responsible for any injury to my child. In the event that I cannot be reached, I authorize the securing of qualified medical treatment should any emergency require it. This form is to allow your child's photos to be displayed on www.hbcnow.org, www.facebook.com/hebronchurch and www.instagram.com/hebronbaptistspotsy. I hereby release Hebron Baptist Church and its officers, directors, employees, volunteers, successors, agents and assigns from any and all claims, actions and liability relating to its use of said photographs(s).

You the Legal Parent or Legal Guardian by signing below are providing your consent.

Parent/Guardian Signature

Print Name

Date