



# SPLAT REGISTRATION FORM

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Parent/Guardian Contact Number: (\_\_\_\_\_) \_\_\_\_\_

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

Mailing Address:  Same as Home Address     Different than Home Address

If different: \_\_\_\_\_

Name of Secondary Contact: \_\_\_\_\_

Contact Number: (\_\_\_\_\_) \_\_\_\_\_

Medications Child is currently taking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Food Allergies:  No     Yes: \_\_\_\_\_

\_\_\_\_\_

Other Allergies: \_\_\_\_\_

\_\_\_\_\_

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

Policy #: \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

## Waiver/Release

In consideration of the First Baptist Church of Pawhuska, OK accepting me or my child for participation in the activities of the church, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization. By signing below, I acknowledge and accept the risks of physical injury associated with participation in First Baptist Church ministry events. Except for gross negligence on the part of the volunteer and/or staff, I accept personal financial responsibility for any bodily or personal injury sustained during all activities.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the First Baptist Church of Pawhuska, OK harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named organization for damages arising out of the activities, I will personally indemnify, defend, and hold harmless the organization and its volunteers, agents, employees, representatives, successors and assigns against any and all loss and damage occasioned thereby, including attorney's fees. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through mutually acceptable arbitration.

I have read and understood this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

I also grant my permission for my son/daughter to receive medical treatment deemed necessary by a licensed physician.

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

\_\_\_\_\_  
*Date*