



MDO Registration 2020-2021

Child's Name: _____ Date _____

Age (as of Sept 2020) _____ Birthdate: _____ Gender: M or F

Address: _____ City: _____ ZipCode: _____

PARENT/GUARDIAN INFORMATION:

Name: _____ Relation to Child: _____

Daytime Phone # _____ Email _____

Name: _____ Relation to Child: _____

Daytime Phone # _____ Email _____

Name of Church You Attend _____

Any Special Instructions regarding your child's care? _____

Does your child have any medical problems? _____ If yes, please explain _____

Does your child have any allergies? _____ If yes, Please explain _____

EMERGENCY CONTACT: Someone we may call in an emergency, who will know how to reach the parent, in the event a parent/guardian cannot be reached.)

Name: _____ Phone: _____

Relationship to child: _____

My child may be picked up by the following people:

Name: _____

Name: _____

PARENT/GUARDIAN PERMISSION:

I hereby give my permission for _____ to take part in various sponsored trips, outings, and camps of Immanuel Baptist Church – Odessa, Texas. I also give my permission for my child to be transported in vehicles used in conjunction with these events. I further give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for the above named son/daughter. I release the church representatives/sponsors from liability for accident or injuries on these trips or activities. Valid thru 7/31/21

I understand Immanuel Baptist Church may take photos and/or videos of my child to use for publicity, informational purposes, and public viewing on printed materials or the internet.

Parent's Signature _____