

TEENS IN MINISTRY

Registration & Group Member Release Form

First Baptist Church

Farmington, NH 03835

603.755.2266

Dear Parent or guardian,

for the safety and well-being of our TIM Group members, it is the policy of the First Baptist Church TIM Group Ministry to release TIM members to those authorized to pick them up. On special occasions, if you desire that someone will else pick up your teen, it is necessary to convey that information to us in person or in a signed, dated note, or phone call. **Without this release form your teen will not be able to attend a TIM activity.**

Child's Name: _____ Date of Birth: _____

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Allergies or other health related concerns: _____

_____ (Medications required?)

*In case of emergency, it may be required for FBC/TIM leaders to act on your behalf to make a decision for medical treatment.

I/we give permission for FBC to address a medical emergency and act to get treatment such as calling for an ambulance, bring my teen to the emergency room, etc . . .

I have read the TIM Standards (separate sheet) and fully agree with them, as well as giving my permission for First Baptist Church to care for my child while he/she attends a T.I.M. activity.

Please check here if you live within walking distance and feel comfortable with your teen walking to or from TIM.

Thank you for allowing us to serve you and for helping us to provide for the safety of your teen.

Parent/Guardian: _____

(Please print name)

Signed* _____ Date _____

Address: _____

e-mail Address: _____

Phone #s _____

Emergency Contact _____ Phone _____

Name of your Church _____