



2017 Registration Form
Lebanon Baptist Church
11250 Crabapple Rd
Roswell, GA 30075

Parent/Guardian Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Cell:) _____

Email: _____

Registration Costs: Dues - \$30 / Handbook - \$12 / Uniforms - \$12 / Bags - \$7
Please Note: Puggles and Cubbies Clubs (2-4 yr olds) are available for LBC Members and those participating in official Wednesday night activities (i.e. Bible Study, Prayer Meeting, etc).

Child Information

Child #1 Full Name: _____

Age: _____ Birthday: _____ Grade (entering): _____

Medical/Allergy Concerns (please list): _____

Items Needed (Check all that apply): [] Handbook [] Uniform [] Bag

Child #2 Full Name: _____

Age: _____ Birthday: _____ Grade (entering): _____

Medical/Allergy Concerns (please list): _____

Items Needed (Check all that apply): [] Handbook [] Uniform [] Bag

Child #3 Full Name: _____

Age: _____ Birthday: _____ Grade (entering): _____

Medical/Allergy Concerns (please list): _____

Items Needed (Check all that apply): [] Handbook [] Uniform [] Bag

Child #4 Full Name: _____

Age: _____ Birthday: _____ Grade (entering): _____

Medical/Allergy Concerns (please list): _____

Items Needed (Check all that apply): Handbook Uniform Bag

Medical Consent & Release

MEDICAL RELEASE: I understand that, where reasonably feasible, Lebanon Baptist Church will attempt to contact the emergency contact listed above prior to providing emergency medical treatment. In the event that the emergency contact cannot be or is not reached in an emergency, I give permission to Lebanon Baptist Church to make the decisions necessary for medical treatment.

I understand and acknowledge that my child assumes all risks, including any risk associated with any special medical needs or conditions of my child that may arise out of participating in any activity at or with the Lebanon Baptist Church.

I hereby release and forever discharge and hold harmless Lebanon Baptist Church and their former, current, and future officers, directors, employees, volunteers, agents, attorneys, insurers, and trustees from any and all liability, claims, demands, and losses of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my child's participation in any activity with Lebanon Baptist Church. I understand and acknowledge that this Release discharges Lebanon Baptist Church from any liability, claim, or demand that I may have against Lebanon Baptist Church with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my child's participation in any activity, whether caused by the negligence of Lebanon Baptist Church or its officers, directors, employees, volunteers, or agents or otherwise.

I also acknowledge and agree that, except as otherwise agreed by Lebanon Baptist Church in writing, Lebanon Baptist Church shall not assume any responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance in the event of injury or illness.

Parent/Guardian's Signature: _____

Date: _____ Are you a Member of LBC? Yes No

Dues:	\$ _____	Payment made by:
Handbook:	\$ _____ <i>Book</i> _____	<input type="checkbox"/> Cash _____
Uniform:	\$ _____ <i>Size</i> _____	<input type="checkbox"/> Check # _____
Other:	\$ _____	
Total:	\$ _____	<i>Thank you for your payment!</i>