

Bayshore KIDS Emergency Information Form

Please print legibly:

Child's Name _____

Age _____ Birthday _____ Child's Main Contact Phone _____

Home Address _____

City _____ Zip Code _____ Email _____

Parents' Names _____

Mother's Cell Phone _____ Father's Cell Phone _____

Allergies or Special Needs _____

Brothers/Sisters (include ages) _____

School _____ Grade/Class _____

Parents, would you be willing to help if needed: Yes No

Parental Release for Use of Student Images in all Formats

Parents, please read and check one of these statements,
filling in the blank with your child's name.

Then sign and date at the end.

_____ I (we) authorize the First Baptist Church of Niceville, Florida and those acting with its permission and under its authority, to use and to publish recognizable images of my child, _____, in any medium deemed appropriate, but not limited to:

- a. Public Web Pages (FBCN), Newspapers, TV (Local broadcasts to homes)
- b. Pictures for professional journals/brochures
- c. Multimedia presentations (Sanctuary only), Private Web Pages (Bayshore KIDS)

_____ I (we) DO NOT authorize the use of recognizable images of my child, _____.

I (we) warrant that we are the guardian and/or parents of the above named child and have full right to contract on behalf of said child.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____