

First Colony Church of Christ

Information & Release Form

Name _____ Birth Date _____

Address _____ City _____, TX Zip _____

Telephone # _____ Email _____

Parent's First/Last Names _____

Father's Work # _____ Father's Cell # _____

Mother's Work # _____ Mother's Cell # _____


Name of School _____ Class of _____

Baptized Yes No Baptism Date _____ Service Usually Attend _____

Parent Release Agreement

- I certify that I am the parent or legal guardian of the child named below. I agree to the conditions and rules outlined for all First Colony Church of Christ activities.
- I agree to bear all costs in the case that my child damages property or is dismissed early from an activity for behavior problems.
- I hereby authorize the sponsors to engage the services of a physician and/or hospital for the emergency treatment of my son or daughter during a FCCC activity or trip as needed. I agree to bear the cost of such treatment rendered.
- I hereby agree that the First Colony Church of Christ, it's elders, ministers & directors, shall in no way be liable for any damage or injury arising out of the participation of my child in FCCC activities.
- I hereby give First Colony Church of Christ permission to use my son's/daughter's photo to be used for future FCCC publicity & publications, including publicity on the FCYG website, www.firstcolonyyouth.org, the First Colony Church of Christ website, www.firstcolonychurch.org, the Girls Reflecting Glory website, www.girlsreflectingglory.org and/or other websites for events my child/teen attends with First Colony Church of Christ.

Name of Child _____ Date _____

Parent's Signature  _____

Doctor's Name _____ Doctor's Phone # _____

Dentist's Name _____ Dentist's Phone # _____

Insurance Name _____ Insurance Phone # _____

Insurance ID # _____ Insurance Group # _____

Medical allergies or other important information _____

