

Mt. Airy Baptist Church Life Center Enrollment Form and Release

Please print legibly

Name: _____ Date of birth: _____

Address: _____ City, state, zip: _____

Phone numbers: Cell: _____ Home: _____ Work: _____
(Note: please circle first preference)

Email address: _____

Please select status: MABC member BSF member only Guest
Member of another church? Yes No If yes, what church? _____

Family physician: _____ Office phone: _____

Notify in case of emergency: _____ Phone: _____

Please complete medical information on reverse side.

Other family members wishing to enroll:

			Please check appropriate status		
Name	Relation	Date of birth	MABC member	BSF member	Guest

RELEASE/PERMISSION CLAUSE

I, (We) the undersigned applicant, parent or guardian of applicant for participation in the Life Center programs of Mt. Airy Baptist Church ("MABC"), Easley, South Carolina, do hereby release and discharge MABC and its authorized representatives and staff (both paid and volunteer) from all liability of any kind and character upon any claim, demand, or cause of action which might be assessed against MABC, its representatives or staff. Furthermore, in the event of an accident, should the MABC staff or representative be unable to contact the parent(s) or guardian(s), I (we) hereby grant permission to said staff or representatives to administer necessary first aid, and/or to take applicant to the nearest medical facility for additional treatment.

I (We) have been offered a copy of the policies and procedures and will abide by all such policies and procedures. I (We) assume all risk and responsibility as I (we) participate in activities at the Life Center. Further, I (we) accept all equipment for use as is with all defects. I (we) will inspect any equipment and, if used, agree that it is in good repair.

Signature of Applicant(s) **[MUST BE AT LEAST 18]** or Signature of Parent(s) or Guardian(s), if not

Date: _____

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Special Medical Issues (please list any special medical issues or problems including allergies for each family member enrolled):

Name: _____

Special medical issues: _____

Name: _____

Special medical issues: _____

Name: _____

Special medical issues: _____

Name: _____

Special medical issues: _____

Name: _____

Special medical issues: _____

Name: _____

Special medical issues: _____
