

Liberty

BAPTIST CHURCH

Hi! My name is Mark Branson and I have the privilege of being the Music and Worship Minister of Liberty Baptist Church, Flowood. I am writing to ask you to encourage your child(ren) to attend **Children's Choir (PreK-6th Grade) at Liberty.**

The fall semester begins Wednesday, August 17th with a Kick-off Registration Event, @ 6 pm, 5199 Lakeland Drive in Flowood.

We received your name, address and or email from your child(ren) attending VBS this past summer at Liberty.

There are a number of great and exciting things planned for your child and we hope you will consider having your children attend.

Custom T-shirt
Hymn-n-m's (M&M's) Study
Singing in Worship
Ministry Events
Spring Musical and Drama
Summer Camps

Attached to this email you will find two forms that need to be completed and returned to us as you and your children attend the before mentioned Kick-off Event, Aug. 17th. Also bring with you cash or a check for your child's t-shirt made out to Liberty Baptist Church. There is a discount for multiple children in one family.

If you have any questions, don't hesitate to contact me at the church (601) 992-0345 or by email at mbranson@lbcflowood.org. See you soon!

Mark Branson
Music and Worship

Liberty Baptist Church, Flowood
 Children's Choir Registration 2011-12
 (complete one form per child)

Name _____ Age _____ Grade _____
 Gender _____ Birthday ____ / ____ / ____ School _____

Brothers/Sisters _____

Address _____ City _____
 Email _____ Zip _____
 Home Phone _____ Cell _____
 Work _____

Parent/Guardian's Name (s) _____

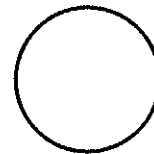
Medical & Special Needs _____

Emergency Contact #1 _____ Best # _____
 Emergency Contact #2 _____ Best # _____

Authorized Pickup #1 _____
 Authorized Pickup #2 _____

Is your child a returning student of Children's Choir @ Liberty?	Y	N
Are you and your family members of Liberty?	Y	N
If not, do you attend a church regularly?	Y	N
As a parent/guardian, are you interested in volunteering?	Y	N
If yes, explain: _____		
May we have permission to photograph your child?	Y	N
May we use your child's photo in church publications?	Y	N
Should there be any discipline problems, please call me?	Y	N
Are you interested in 2012 Camp information?	Y	N
Will you stay at the church or drop/pick up your child(ren)?	S	D/P

T-shirt \$10
 YXS, YS, YM, YL,
 AS, AM, AL, AXL



Please return these forms as you and your child(ren) attend our Kick-off Event, Wednesday, August 17th @ 6pm, upstairs in the Choir Room, #215

PERMISSION AND MEDICAL CONSENT

As parent or legal guardian, I hereby give permission for my child to participate in the following activity organized by LIBERTY BAPTIST CHURCH.

Name of Activity _____ Date of Activity _____

Child's Full Name _____
(Last) (First) (Middle)

Gender _____ Birthday _____ Age _____ Parent or guardian's name _____

Home Address _____

Best Contact Phone # _____ Emergency Contact Phone # _____

If not available in an emergency, notify:

Name _____ Phone _____

Street Address _____ City _____ State _____

MEDICAL HISTORY:

(Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Back Trouble |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Other | |

Allergies: Food: _____
Penicillin or other drug (name): _____
Insect stings/bites: _____
Poison oak, ivy, sumac: _____
Other: _____

Please attach a copy of your Insurance form or card.
Indicate the date of this child's last tetanus shot _____
Please state any medications your child may be taking _____
Will this child be bringing to the Activity the medications that he/she should be taking? _____

PERMISSION FOR TREATMENT

My permission is granted to LIBERTY BAPTIST CHURCH staff member or adult sponsors to make provision for any medical care which may be deemed necessary by a licensed physician for me or my child and make any other decisions or give any other consents which may be necessary for my health or welfare at any time during the duration of the designated event. I understand that should a health emergency arise the person listed above will be notified, but if they cannot be reached by phone, the leaders or adult sponsors should act as my agent to consent to any treatment deemed advisable by and rendered under the supervision of a physician or surgeon properly qualified and licensed under the law. I/we, the undersigned, do hereby release, remit and forever discharge all staff, adult sponsors, and the Liberty Baptist Church of Flowood, MS, from any and all claims, demands, actions or cause of action, past, present or future arising out of any damage or injury while participating in the event.

Sign below. (Youth under 18 years of age requires Parents/Legal Guardian Signature)

Dated this _____ day of _____, 20 _____

Signature _____
(Participant) (Parent or Guardian)

Notary Acknowledgement

State of _____ County of _____
Personally appeared before me _____ with whom I am personally acquainted and who acknowledged that he/she executed the within instrument for the purpose therein contained.
Witnessed my hand this _____ day of _____, 20 _____
Notary signature: _____
My commission expires: _____