

FOR OFFICE USE ONLY: July 3 July 10 July 24 August 31

Group Assigned: _____ Team Leader: _____ Bus: _____

Cost: \$10 per session + \$5 registration fee (one-time fee)

KDOT Registration Form

Child's Name _____

Address _____

Age Information:

Last grade completed in school _____

Skill level:

Swimming: Non-Swimmer Fair (shallow end) Good (deep end)

Medical & Allergy Information:

Medical or other information we need to know (Please include any allergies).

Parent/Guardian Name _____

Parent/Guardian Phone Numbers:

Home _____ Work _____ Cell _____ (required)



I give permission for my child to participate in KDOT and participate in KDOT pictures.
I have read the back page and give my consent.

Signature: _____ (print name) _____

Parent/Guardian or designated adult responsible for this child

Other Adult allowed to pickup: _____
Name & Phone number

Emergency Contacts: (if other than parents)

Name _____ Phone number _____

Name _____ Phone number _____

Other Information:

Do you attend Sunday School? If so where? _____

How did you hear about KDOT: attended last year news letter Other _____

E-mail: _____ (optional)



Indiana Avenue Baptist Church and Children's Ministry (Together With Their Respective Officers, Employees and Agents) and Each Volunteer Assisting Them Are Collectively Designated By The Abbreviation "IABC" Throughout This Entire Form and the Term "IABC" Shall Refer to Them Individually As Well As Collectively.

- I (we) hereby authorize IABC to take my (our) child for medical treatment in the event of an illness or injury in which neither parent can be reached after reasonable attempt to do so.
- I (we) do hereby authorize any physician, dentist, hospital or medical treatment center to treat my (our) child in the case of emergency. The undersigned adult shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs.
- I (we) hereby authorize IABC to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my (our) child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital.
- I (we) hereby do authorize IABC to dispense to my (our) child any over-the-counter medications (according to proper dosage instructions) when reasonably deemed necessary.
- I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by IABC and/or Children's Ministries.
- I (we) hereby authorize IABC to transport my (our) child to or from church and/or any other church related and sponsored activities and events.
- I (we) authorize IABC to include my (our) child in routinely supervised water activities.
- I (we) hereby release, forever discharge and agree to defend and hold harmless IABC from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child/participant that occur while said child is participating in any trip or activity with IABC.
- I (we) (and on behalf of my (our) child) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. Further authorization and permission is hereby given to IABC to furnish any necessary transportation, food, and lodging for my (our) child.
- The undersigned further hereby agrees to hold harmless and indemnify IABC from and against any claim against or loss incurred by IABC as the result of the negligent, willful or intentional acts of my (our) child, including any expense incurred attendant thereto.
- The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by IABC at its office at 8315 Indiana Avenue, Lubbock, Texas 79423.
- I (we) acknowledge and agree that it is my (our) responsibility to notify Indiana Avenue Baptist Church of any changes in medical condition, guardianship, address or telephone, in writing to the address listed at the beginning of this form.