



Wednesday Night Journey Registration

Students Name: _____ **Age:** _____

Address: _____ **Zip Code:** _____

Parent/Guardian's Name: _____

Home Phone: _____ **Cell Phone:** _____

Emergency Contact: _____

Email: _____

Additional People who are authorized for pick-up:

Does your child have any physical condition that would restrict his/her participation in any activities?

Yes _____ **No** _____

If yes, please give details.

Does your child take medication? Yes _____ **No** _____

Allergies: Yes _____ **No** _____

Church Membership: Yes _____ **No** _____

If so, church name: _____

West Hickory will occasionally post pictures and videos of children and youth events online. Do you give permission to have your child's picture posts on social media? Yes _____ ***No*** _____

I give my child permission to participate in West Hickory Baptist Church Wednesday Night Journey and activities. I understand that my child will not be dismissed to any unauthorized person(s). I also understand that West Hickory Baptist Church will not be held liable for any damages, which may be sustained.

Parent/Guardian Signature: _____

Date: _____