

A fun ministry with a focus on character development and scripture memorization

WiseGuys
Verse Memory



STEP 1 Parent/Guardian 1

Full Name: _____
Cell Phone: _____
Email: _____
Birth Date: ____/____/____
Relationship to Child: _____
Does this parent live at the address below? Y / N
List the names of others authorized to pick up your child: _____

Parent/Guardian 2

Full Name: _____
Cell Phone: _____
Email: _____
Birth Date: ____/____/____
Relationship to Child: _____
Does this parent live at the address below? Y / N

STEP 2 Address Information (primary residence of child)

Home Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

STEP 3 Individual Kid's Information

First Name: _____ Last Name: _____ Birth Date: ____/____/____
1st Gender: _____ Grade: _____ School: _____
Allergies / Special Needs: _____
First Name: _____ Last Name: _____ Birth Date: ____/____/____
2nd Gender: _____ Grade: _____ School: _____
Allergies / Special Needs: _____
First Name: _____ Last Name: _____ Birth Date: ____/____/____
3rd Gender: _____ Grade: _____ School: _____
Allergies / Special Needs: _____

Terms and conditions on back.



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TERMS AND CONDITIONS

Please initial each statement

_____ By registering my child for WISEGUYS, I authorize that my child's image may be photographed, filmed and be used in video, print and web presentations for Westside Baptist Church promotional purposes only.

_____ By giving my email address, I understand that I will be added to Westside's mailing list.
Westside will not give your personal information to any third parties.

_____ I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Westside Baptist Church and any persons involved in the WISEGUYS ministry.

_____ In the event of an emergency that required medical treatment for the afore named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the WISEGUYS volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.

_____ I grant permission for my child to travel to/from WISEGUYS events with an adult leader. Any such event will be clearly communicated with me beforehand.

I have read and agree to the Terms and Conditions stated above

_____/_____/_____
Signature Date



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