

CHRISTIAN SERVICE BRIGADE - UNIT 3074

BOY'S REGISTRATION

Date: _____

Please fill out a separate form for each boy being registered.

Boy's Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

School Grade: _____ Age: _____ Birthday: Month _____ Day _____ Year _____

YEARLY AUTHORIZATION / MEDICAL RELEASE FORM

I authorize my son, _____

Please Print

To participate in all regular meetings and special activities of the Christian Service Brigade (C.S.B) Group (Tree Climbers, Stockade or Battalion) which he is in, during the 2020/2021 program year.

Note: Your signature is required by the East Auburn Baptist Church as official authorization for your son to participate in this church's Christian Service Brigade program activities, and as authorization for EMERGENCY MEDICAL TREATMENT, to be administered to your son in the event of an accident or sudden illness. Also, you are agreed that you will not hold East Auburn Baptist Church, any of its Christian Service Brigade Leaders, its Members, or its Officers, responsible for liabilities beyond the extent covered by the limited Medical Payment Policy held by East Auburn Baptist Church.

Parent /Guardian Signature: _____

Signature

Date: _____

BOY'S INFORMATION

Your Son's Age: _____ School Grade: _____ Birthday: Month _____ Day _____ Year _____

Weight: _____ lbs

PARENT/GUARDIAN INFORMATION

Father's Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Employer: _____ Work Phone: _____

Mother's Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Employer: _____ Work Phone: _____

Telephone Numbers where father and mother can be reached during CSB activities in case of emergency

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED

Name: _____

Relationship: _____

Phone Number: _____

MEDICAL INFORMATION

Know Allergies: _____

Doctor: _____

Doctor's Phone: _____

Health Insurance Company: _____

Policy Number: _____

Hospital Preference: _____

List below and explain any medical problems or reoccurring conditions which your son has, of which, we as leaders should be aware. If none, please write NONE.

Please fill out the form completely and save the file and email brigades3074@gmail.com !
If you have questions email brigades3074@gmail.com or call Sam at 207-784-0500. Remember that a separate form must be submitted for each boy registered.
THANK YOU