

# Super Fun Summer Activities

**\$145**  
Registration  
Per Person

Great Commission  
Baptist Church  
Presents

Children  
ages 5-13

# SHAPE UP SUMMER CAMP

June 10th - August 9th

Great Commission Baptist Church  
7700 McCart Ave.  
Fort Worth, TX 76133  
Dr. Douglas E. Brown, Pastor/Teacher



Outdoor Activities, Swimming, Bowling, Skating,  
Adventurous Interactive Games, and much more...!!!

Download  
Registration

[www.gbcfw.org](http://www.gbcfw.org)

For more info: John Dews (817) 975 9267

Made with PosterMyWall.com

\$75.00 Per Week (First Child)  
\$65.00 Per Week (Second Child)

Three or More children  
\$75.00 (First Child)  
\$ 55.00 (Each Additional Child)

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**Great Commission Baptist Church**  
**7700 McCart Av.**  
**Fort Worth, TX 76133**  
**Rev. Douglas E. Brown, Pastor/Teacher**  
[WWW.GCBCFW.ORG](http://WWW.GCBCFW.ORG)

## **Summer Youth Program**

### **SHAPE Up Philosophy**

Spirituality, Heart, Academics, Physical, Experience (SHAPE) Up believes that every child is unique and deserves a nurturing environment in which they can flourish spiritually, emotionally, physically and socially. Christian values, unconditional love and acceptance should be at the core of every child's learning experience.

### **Great Commission Baptist Church Vision Statement**

Building a Ministry through the Power, Principles and Promises of God's Word; to Reach the Sinner, Teach the Saint and Strengthen the Family.

### **SHAPE Up Expectations**

SHAPE Up is a "Program of Choice" designed to provide a rigorous and challenging program, with a variety of unique policies and procedures that support its spiritual mission. SHAPE Up provides an alternative to traditional camps and programs that is exciting, challenging and very rewarding. We are created in God's image and these expectations are a result of SHAPE Up's Philosophy and Mission Statement. It is imperative that participant's parent or legal guardian fully understand and acknowledge the expectations SHAPE Up places on all participants. If SHAPE Up's expectations are incompatible with a participant's needs or desires, SHAPE Up asks that the parent or legal guardian seriously consider whether SHAPE Up is the best program choice for their child or children.

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Parent or Guardian's Signature

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Date

## **Registration and Admission**

The registration forms, a signed acknowledgement for the receipt of SHAPE Up Operational Procedures, GCBC release agreement (**signed and notarized**), an updated immunization record and a completed application must be completed and returned before your child can begin the program. Registration fee must be paid prior to attending the program. There is a 24-hour process for standard registration. No child will be refused admittance to the program due to race, religion or gender.

As a parent or guardian, it is your responsibility to keep all your child's records current. This includes any information that has been given to SHAPE Up. Failure to keep records current could result in dismissal from the program.

## **Program Credentials**

The Texas Department of State and Health Services (DSHS) License is on file. The DSHS website is [www.dshs.state.tx.us](http://www.dshs.state.tx.us).

Spirituality, Heart, Academics, Physical, Experience (SHAPE) Up 2019 Youth Program and its staff are accountable to Reverend Douglas E. Brown, Pastor/Teacher of Great Commission Baptist Church.

## **Program Hours and Operation Procedures**

### **SHAPE Up 2019 Program Hours**

**7:00 a.m. --- 6:00 p.m. (Monday – Friday)**

**CLOSED THURSDAY & FRIDAY,**

**JULY 4<sup>TH</sup> & 5<sup>TH</sup>**

- ❖ **SHAPE UP 2019 Youth Program is for potty-trained children ages 5 through 13 years of age.**
- ❖ **SHAPE UP 2019 Youth Program consists of nine weeks beginning June 10, 2019 and ending August 09, 2019.**
- ❖ **Each participant will be allowed one vacation week per family at no cost for non-attendance. Otherwise, there are no tuition adjustments or variation of hours due to illness or other unforeseen circumstances.**

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Parent or Guardian's Signature

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Date

### **Arrival and Department Procedures**

- ❖ Parents/guardians will sign-in/out their child(ren) when dropping off or picking up their child(ren).
- ❖ It is to the children's benefit that they arrive to SHAPE Up by the program start time of 9:00 a.m.
- ❖ SHAPE Up ends at 6:00 p.m. Pick up after 6:05 p.m., will result in a late charge of \$10.00 plus \$1.00 per minute thereafter. We understand emergency situations may occur. In case of an emergency, please notify the program as far in advance as possible that you are running late. Please call John Dews 817-975-9267
- ❖ **Release of Children** - Children will be released to parents or persons listed on the admission information page. Make arrangements with SHAPE Up if someone not on your list will be picking up your child. Identification will be required for verification.

### **Health Requirements**

- Upon admission to the program, parents/guardians must provide the SHAPE Up staff with the following for each child:
  - 1) **A complete copy of any medical conditions that your child has been diagnosed with and a complete record of immunizations. The record must show the month, date and year immunizations were administered.**
- Items listed above must be turned in to the program before a child may attend.
- Parents/guardians will need to provide SHAPE Up with medical information changes (i.e. contagious illness). Failure to keep records current may result in dismissal from the program.

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Parent or Guardian's Signature

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Date

## Health Requirements (Continued)

### *Exclusions from the Program*

Excessive diarrhea  
Excessive vomiting  
Mouth sores with drooling  
Uncontrollable behavior changes  
Undiagnosed/Untreated Rash  
Fever over 99.4 under the arm  
Unusual lethargy, uncontrolled coughing, general signs of malaise  
A communicable disease (chicken pox, etc.) or infestation (Lice)  
Abnormal breathing (in urgent cases 911 will be called)  
Child cannot deal with symptoms or other signs that the child may be severely ill

- \*Your child must be symptom **free for 24 hours before** he/she may return to program.
- \*Children who contract lice must be nit free before they may return to program.
- \*Any contagious disease requiring medical attention, in which a doctor has restricted the child from being in care, requires a “release to care” from the doctor.
- \*Parents will be notified if children have been exposed to a communicable disease at the program.
- \*State licensing requirements do not permit childcare facilities to administer medication without written permission of the parent or guardian. Program staff cannot and will not administer any form of medicine and/or ointments without proper authorization. Any medications brought to the program must be in its original container, clearly labeled with first and last name and include the dosage and directions for administering the medication. Over the counter medication can be administered per the directions on the container. If a child needs a different dosage or does not meet the age requirements a signed permission form/script from the doctor must accompany the medication along with dosage information. Childcare facilities cannot administer controlled substances or medication prescriptions written in triplicate. The parent, doctor or a registered nurse can only administer controlled substances and medications written in triplicate.

## Medical Emergencies

- In case of critical illness or injury:
  - 1) Emergency medical services will be contacted, or child will be taken to the nearest emergency room.
  - 2) First Aid or CPR will be administered when needed.
  - 3) Physician identified on child’s record will be contacted.
  - 4) Child’s parent will be contacted.

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Parent or Guardian’s Signature

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Date

### **Problems at Home**

Any problems or changes that your child may be facing at home can directly affect his or her behavior while in care. Please keep us informed of such problems or changes in your child's life so that we can be sensitive to your child's needs. We would like to work as a team; this will enable us to provide the best environment for your child's growth and development.

### **Snacks/Lunch**

During the summer program your child will be provided with a healthy, morning snack, lunch and evening snack each day, except for field trips. **For field trips, parent/guardian's may be responsible for providing a lunch and snacks, stored in a freezer bag with an ice pack to ensure freshness. Advanced notice will be given if you are required to send your child with a lunch and snack.** Avoid foods that spoil such as milk products and mayonnaise. If your child has dietary restrictions, please notify SHAPE Up staff on your registration form. You may provide your child with his/her snack if SHAPE Up cannot provide something to meet your child's needs.

### **Texas Department of State Health Services**

Texas Department of State Health Services.  
The website is [www.dshs.state.tx.us/youthcamp](http://www.dshs.state.tx.us/youthcamp).

### **Child Abuse Prevention**

**NOTE: STATE LAW REQUIRES THE PROGRAM AND/OR ANY INDIVIDUAL ASSOCIATED WITH THE PROGRAM TO REPORT ANY SUSPICIONS OF OR OBSERVATIONS OF CHILD ABUSE AND/OR NEGLECT 1-800-252-5400.**

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Parent or Guardian's Signature

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Date

### Tuition Policy

- ❖ Tuition is computed based on the cost of effective and efficient operation of SHAPE Up. Full tuition amounts are due regardless of program closings or illness. Tuition is not prorated. **(The only exception is your free vacation week.)**
  
- ❖ **TUITION IS PAID WEEKLY AND IS DUE BY FRIDAY OF EACH WEEK FOR THE APPROACHING WEEK. (After Monday, tuition is considered late, and a \$10.00 late charge will be applied to your tuition.) Failure to pay your tuition on time may result in your child (ren) being dismissed from SHAPE Up.**
  
- ❖ Tuition may be paid by cash, check, or money order. Make checks and money orders payable to Great Commission Baptist Church. Postdated payments will not be accepted. Return checks, and or non-payment will result in dismissal from SHAPE Up.

#### SHAPE Up 2019

\$75.00 per week (first child)  
\$65.00 per week (second child) \*  
**Three or more children**  
\$75.00 (first child)  
\$55.00 (each additional child) \*

*\* These rates apply to siblings within the same family\**

#### Registration and Supply Fee

- ❖ Registration Fee –
  - \$145.00 per child due upon enrollment
  - \$100.00 refundable for cancellations 2 weeks prior to camp
  
- ❖ Supply Fee –
  - Included in the registration fee

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Parent or Guardian's Signature

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Date

### Celebrations

Birthdays are very special, and we will honor each child's birthday at the program through special recognition by allowing parents to provide cupcakes or cookies to share with your child's program group. We cannot allot time for a "Birthday Party." Parties are a private matter and any arrangements (i.e. sending invitations) pertaining to private parties is solely the parents' responsibility.

### Child Personal Items

- 1) Dress Requirements – Children should come to the program dressed in comfortable play clothes and closed toe shoes for safety. **No boots or sandals, please, due to safety concerns.** It is a good idea to send extra clothing in your child's backpack, in case of accidents. Girls must wear shorts under their skirts.
- 2) Do not send money, valuables or toys with your child to the program. GCBC SHAPE Up 2019 cannot be responsible for lost or stolen items.
- 3) **LABEL. LABEL. LABEL – ALL BELONGINGS BROUGHT BY CHILDREN TO THE PROGRAM SHOULD BE LABELED.**
- 4) Remind your child to take everything home each day.

### Field Trips and Transportation

Conduct at SHAPE Up will affect participant's ability to attend off-campus field trips or participate in special events at SHAPE Up 2019. Parents will be notified 48 hours in advance of all field trips. Field trip notices will be posted next to the sign in/out notebook. Any necessary fees and permission for a child to participate will be secured for all field trips. Field trips are age appropriate and we encourage parent volunteers. Volunteers must have a clean criminal background and agree to a background check. GCBC must file the criminal background check prior to a volunteer assisting with children. A qualified staff person will be in charge of a specific group of children. Each group will not exceed the state ratio for field trips. Volunteers are to assist staff with groups of children. Volunteers are not permitted to have a group of children of their own. Each staff member will always have a written list of the children in their group with them. The program director or other licensed director is required to go on all field trips. The director will be responsible for bringing the children's necessary documents on the field trip. Face to name checks are to be done prior to leaving facility, after boarding transportation, upon arriving to field trip destination, frequently during field trip, upon leaving field trip destination, after re-boarding transportation and upon returning to the church. GCBC bus or van and chartered buses will be used when taking field trips. Vehicles are insured and maintained in good working condition. GCBC/SHAPE Up and chartered buses are trained on and are aware of proper and safe driving techniques. Children are to board transportation in a secure area. Crossing streets or walking through parking lots without proper supervision is prohibited. Drivers must have a clean criminal background and be 21 years of age or older.

**SHAPE Up registration fee pays admission for all field trips.**

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date



### **Things to Remember to Bring**

1. Put your child's name on all of his/her belongings.
2. Bring sunscreen and a water bottle for your child each day.
3. On swim/water play days, your child should have a *one-piece* swimsuit, shoes and a towel.
4. Gallon size freezer bags will be needed for field trips (no paper bags or lunch boxes.)
5. Do not include mayonnaise with lunch or give milk as a drink.
6. Bug repellent must be given to SHAPE Up program staff.
7. Inhalers, like all medication, must be given to summer program staff.
8. Appropriate t-shirts and shorts/skirts are recommended. If girls wear dresses, they must wear shorts under their skirts.
9. Closed toe shoes without heels (tennis shoes) are mandatory.

### **Leadership**

We believe in our staff. They are the key ingredient for an enriching, enjoyable experience for your child. They are enthusiastic and positive role models living and teaching by example. A staff to child ratio should not exceed the state required ratios, to ensure proper supervision. Each staff has 8 hours of pre-program training, 2 hours of sexual abuse training in addition, the Director and Assistant Director has First Aid and CPR Training. They are thoroughly screened when hired and evaluated on a regular basis.

### **Guidance Policies**

Each classroom operates within a consistent routine. SHAPE Up program staff will encourage and teach independence skills and social manners. A variety of guidance techniques may need to be used to help children toward these goals.

Examples:

***Redirection***—offering limited choices when applicable and having “cool off” time

***Conflict Resolution*** – “Talking through” situations by helping children use “their words.”

Some other steps may be taken depending on the seriousness of the behavior. (**See Code of Conduct**) If these methods, in the Code of Conduct, continue to prove unsuccessful, parents will be consulted, and an appropriate plan of action agreed on. ***Corporal punishment is prohibited at SHAPE Up.*** Please read the following rules and consequences to your child.

Keep hands, feet and body parts and objects to yourself.

Show respect to others and self.

Speak for yourself, not others.

Do not willfully destroy GCBC/SHAPE Up property.

Do not go anywhere without a GCBC/SHAPE Up staff person.

Always clean up after activities.

Have Fun!

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Parent or Guardian's Signature

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Date

# GREAT COMMISSION BAPTIST CHURCH

## SHAPE Up 2019 Code of Conduct

Our summer program strives to meet the needs of all children without ignoring the demands of any one individual within the boundaries of set guidelines and rules. SHAPE Up has established rules, consequences and a zero-tolerance policy on specific behaviors. SHAPE Up reserves the right to suspend or expel a child from the program at any time based on the severity of the actions of the child.

### SHAPE UP 2019 Rules

1. Keep hands, feet, body and objects to yourself.
2. Show respect to staff, others and self.
3. Speak for yourself, not others.
4. Do not willfully destroy GCBC/SHAPE Up property.
5. Do not willfully destroy other's property.
6. Do not go anywhere without a SHAPE Up staff person.
7. Always clean up after activities.
8. Have fun!

### SHAPE Up CONSEQUENCES

*(\*Depending on the seriousness of the behavior any step can be taken at any time.)*

1. Verbal warning
2. Re-direction to another activity
3. Time away without activities
4. Parent notification at pick up time
5. Meeting with parent to establish a behavior contract
6. Notice of suspension (1 day) next day of care, without refund.
7. Notice of suspension (3 days) next 3 days of care, without refund.
8. Conference with program director/instructor/parent/child.
9. Removal from Program.

### ZERO TOLERANCE

1. Inflicting physical harm on another individual
2. Verbal threats that may cause physical harm to another individual
3. Verbal threats that may destroy property
4. Possession of a weapon
5. Possession of a controlled substance (i.e. drugs, prescription medicine, etc.)
6. Possession of alcohol
7. Use of foul language
8. Inappropriate touching of another individual

SHAPE Up reserves the right to suspend or expel a child immediately for violation of the Zero Tolerance guidelines without refund.

Child's Name \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

## Miscellaneous Information

- 1) The program instructors are responsible for establishing a daily routine day and planning activities according to the children's interests, needs and abilities.
- 2) Children will play outside daily, weather permitting.
- 3) No pets!
- 4) Parents may visit the program anytime during program hours to observe their child, the program's operations and program activities.
- 5) Parents may review a copy of the licensing exemption form located in the program office.
- 6) Parents may contact the Texas Department of State Health Services/Youth Camp office.
  - 1) 512-834-6600 EXT. 2460 or visit the website at [www.dshs.state.tx.us/youthcamp](http://www.dshs.state.tx.us/youthcamp)
  - 2) Child Abuse Hotline—1.800.252.5400

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Parent or Guardian's Signature

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Date

**SHAPE Up Calendar of Events & Holiday  
(Dates are subject to change)**

Early Registration.....Sunday, April 21<sup>st</sup> – Saturday May 4<sup>th</sup> 2019

Regular Registration Begins.....Sunday, May 5<sup>th</sup> 2019

First Day of Camp.....Monday, June 10<sup>th</sup> 2019

First field trip .....Friday, June 20<sup>th</sup> – Fire Department

Second field trip .....Thursday, June 27<sup>th</sup> – Pump It Up

**CLOSED Thursday JULY 4<sup>th</sup> and Friday  
JULY 5<sup>th</sup>**

Third field trip.....Thursday, July 11<sup>th</sup> – Bowling City View

Fourth field trip.....Thursday, July 18<sup>th</sup> – Pirates Cove Water Park

Fifth field trip.....Thursday, July 25<sup>th</sup> – House of Air Trampoline

Sixth field trip .....Thursday, August 1<sup>st</sup> – Kids Obstacle Course

Seventh field trip... Thursday, August 7<sup>th</sup> – Police Department

**Swimming YMCA, on Wednesday 10 July, 17 July, and 24 July 2019  
Life Guards will be on duty for all swim dates.**

Last Day of SHAPE UP.....Friday, August 9<sup>th</sup> 2019

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**Youth Information Page**

Participants Name: \_\_\_\_\_

Participants Tee-Shirt Size: YXS\_\_\_ YS\_\_\_ YM\_\_\_ YL\_\_\_

AS\_\_\_ AM\_\_\_ AL\_\_\_ AXL\_\_\_

Grade Participant will enter at the start of the fall 2019-2020 school year. \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

Child's Name	Date of Birth	Child's Home Telephone No.
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Child's Home Address

Mother's Name	Emergency Telephone No.	Age of Child	Child's Gender ___Male_Female
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Father's Name	Emergency Telephone No.	Email Address
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Provide the name, telephone number and relationship of person to call in case of an emergency if parents/guardian(s) cannot be reached:

**Check all that apply:**

1. **TRANSPORTATION:** \_\_\_give\_\_\_ **do not give**—consent for my child to be transported and supervised by the operation's employees:  
 \_\_\_ emergency care      \_\_\_ on field trips

2. **FIELD TRIPS:** \_\_\_give\_\_\_ **do not give**—consent for my child to participate in field trips:  
**Parent's Comments:**

3. **WATER ACITIVITIES:** \_\_\_give\_\_\_ **do not give**—consent for my child to participate in water activities:  
 \_\_\_ sprinkler play      \_\_\_splashing/wading pools      \_\_\_swimming pools      \_\_\_water amusement parks  
**Parent's Comments:**

4. **RECEIPT OF WRITTEN OPERATIONAL POLICIES.** I acknowledge receipt of the facility's operational policies including those for discipline and guidance.  
**Parent/Legal Guardian's Signature**

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone #:
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Name of Emergency Medical Care Facility:	Address:	Phone #:
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I give consent for GCBC/SHAPE Up to secure any and all necessary emergency medical care for my child  
**Parent/Legal Guardian Signature**

List any special problem(s) your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of: \_\_\_\_\_

**SHOT RECORDS:** His/her immunization record is on file at GCBC with all required immunizations and/or tuberculosis test are current. \_\_\_\_\_(Initials)

**Insurance information:** My child \_\_\_does\_\_\_ \_\_\_does not have Medical Insurance for accidents and illness. I understand if my child is uninsured that I will be responsible for incurred medical costs due to emergency medical treatment. \_\_\_\_\_  
**(Parent/Guardian signature)**

**The following insurance information is required:**

Name of insurance company: \_\_\_\_\_ ID# \_\_\_\_\_ Group # \_\_\_\_\_

**MINOR RELEASE:** My child \_\_\_does\_\_\_ \_\_\_does not have permission to be released to the care of his/her sibling(s) under 18 years old. Name sibling (s): \_\_\_\_\_

_____	_____
Parent or Guardian's Signature	Date

I hereby authorize the childcare operation to allow my child to leave the childcare operation **ONLY** with the following persons. Please list names and telephone numbers for each person. Your child will only be released to a parent, guardian or person designated by the parent/guardian after verification of ID card or driver's license.

Name (relationship)	Telephone Number
1.	
2.	
3.	
4.	

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

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**Expires December 31, 2019**

## **GREAT COMMISSION BAPTIST CHURCH RELEASE OF LIABILITY AGREEMENT**

I, \_\_\_\_\_ HEREBY FULLY AND COMPLETELY RELEASE, acquit, and forever discharge Great Commission Baptist Church, any related or affiliated groups, current and/or former directors, leaders, officers, employees, agents, servants, contractors, volunteers and representatives from any and all liability, actions, causes of action, suits, controversies, claims, whether known or unknown, including, but not limited to, any property damage or personal injury that may result from myself or my child's use of any facility of, or equipment located at or owned by, Great Commission Baptist Church.

I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless Great Commission Baptist Church, affiliated groups, current and/or former directors, leaders, officers, employees, agents, servants, contractors, volunteers and representatives, from any and all liability whatsoever for any and all damages, losses, or injuries (including death) sustained by myself or my child, or by our property or both, including but not limited to any claims, demands, actions, causes of action, judgments, expenses and costs, including attorney's fees, which arise out of, result from, occur during, or are connected in any manner with my or my child's intentional and/or negligent conduct during our participation in any program/activity and/or use of any facility of, or equipment located at or owned by, Great Commission Baptist Church.

To the extent authorized by law, I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge Great Commission Baptist Church, any related or affiliated groups, current and/or former directors, leaders, officers, employees, agents, servants, contractors, volunteers and representatives, from any and all liability, loss, damage or expense, including attorney's fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorney's fees, which arise out of, occur during, or are in any way connected with myself or my child's intentional and/or negligent conduct during our participation in any program/activity and/or use of any facility of, or equipment located at or owned by, Great Commission Baptist Church.

To the extent that I, individually, or my heirs, successors, assigns, or personal representatives bring a claim of any kind whatsoever against Great Commission Baptist Church, any related or affiliated groups, current and/or former directors, leaders, officers, employees, agents, servants, contractors, volunteers and representatives, I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Texas and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

I, individually, ALSO UNDERSTAND THAT Great Commission Baptist Church and any related or affiliated groups, current and/or former directors, leaders, officers, employees, agents, servants, contractors, volunteers and representatives are not liable or responsible for items that are lost, stolen, or damaged while at Great Commission Baptist Church.

I consent to myself or my child's participation in these activities. I acknowledge and understand that this RELEASE OF LIABILITY AGREEMENT has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Participant Information: Member \_\_\_\_\_ Non-Member \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact number \_\_\_\_\_

Great Commission Baptist Church should be aware of the medical condition or special needs of myself or my child as follows: \_\_\_\_\_  
\_\_\_\_\_

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT

**MY SIGNATURE BELOW IS AN ACKNOWLEDGEMENT THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE OF LIABILITY AGREEMENT AND VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE AND CONSEQUENCES THEREOF AGREE TO ALL OF THE TERMS AND CONDITIONS THEREIN.**

\_\_\_\_\_  
**Signature of AFFIANT (Parent/Legal Guardian)**

**STATE OF TEXAS** §

§

**COUNTY OF TARRANT** §

§

This document was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2019, by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, State of Texas  
My Commission Expires: \_\_\_\_\_