



First Light is an overnight event with the goal of uniting churches in our community to proclaim the gospel in our region.

Registration

Name: and Surname: _____

Age: _____ Grade: _____

Phone No _____

Home Address: _____

Allergies: _____

Parent/Guardian's Permission:

I, the undersigned authorize _____ (name of participant) to attend First Light as part of the Grand Bay Baptist Church Youth Group. I release "Grand Bay Baptist Church" and their staff and volunteers from responsibility if my son/daughter is injured at this event.

In the event that a Doctor determines immediate medical attention is required, I authorize the attending physician to accept the signature of a Youth Leader on our behalf and allow the Hospital to take required copies of this legal document.

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian Cell: _____ Medicare Number: _____

Parent/Guardian email: _____ Exp: _____

Parent/Guardian's Signature: _____

Media Waiver:

I, _____ give permission for my child's photo and video to be used by the "Grand Bay Baptist Church Youth" on their social media accounts