

First Baptist Church Estep Family Life Center
1410 Sumter St
Columbia, SC 29201
(803) 343-8587

FBC Membership Enrollment Form

A Membership Card is required for participation. Please remit \$30.00/person or \$40/family for membership to the Estep Family Life Center (EFLC). Only those over 15 years of age are allowed to join the EFLC.

PLEASE PRINT

Last Name _____ Address _____
 City/State _____ Zip _____ email _____
 Home Phone _____ Work Phone _____ Spouse's Work Phone _____

<u>First Name</u>	<u>Date of Birth</u>	<u>Church Member</u>	<u>Sunday School Member</u>	<u>Medical Problems</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Family Physician _____ Phone _____
 Hospital Preference _____
 Notify in Case of Emergency _____ Phone _____

Release/Permission Clause

The undersigned agrees to abide by all policies and regulations and assumes all risk and responsibility with respect to any involvement in activities at First Baptist Church, Columbia, South Carolina (FBC), including the Estep Family Life Center (EFLC). If this is a family membership, I shall make sure that all members of my family know, understand and agree to abide to the policies and regulations.

I, We the undersigned applicant, parent or guardian of applicant(s) for participation in the EFLC of FBC do hereby release and discharge the FBC and its authorized representatives and staff from all liability of any kind and character upon any claim demand or cause of action which might be asserted in behalf of myself, spouse or parent/guardian of said minor against said church, representatives or staff. Furthermore, in the event of an accident if the said staff or representatives are unable to contact the parent(s) or guardian(s), we hereby grant permission to said staff or representatives to administer necessary First Aid, and/or to take applicant to the applicant's hospital preference for additional treatment. In addition, my signature of this waiver signifies my permission that any photographs taken while participating at the EFLC will become the property of FBC and may be used in published materials. By signing this agreement and renewing the membership these permissions/releases are extended through the length of the membership period.

Signature _____ Date _____

Staff Use Only:
 Receipt # _____ Expiration Date _____