

APPALACHIAN BIBLE COLLEGE

HOMECOMING

INFORMATION SHEET & RELEASE FORM

For Children and Teens ages 0 - 18

Child/Teen Name: _____ Age: _____ Date of Birth: ____ / ____ / ____

Parent or Legal Guardian Name (s): _____

Primary Pick-up Person: _____

Cell Phone: _____ Home Phone: _____

Lodging While at ABC: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Any Allergies? ____ Yes ____ No

If Yes, Please Explain: _____

Any Health Limitations? ____ Yes ____ No

If Yes, Please Explain: _____

Please give instructions on any medication needed for your child/teen: _____

Please explain any special care instructions: _____

RELEASE FORM

I, _____ release Appalachian Bible College and their Alumni Association

Parent/Legal Guardian Name

of any liability for damages or injury incurred while my child/teen,

Child/Teen Name

is participating in the children or teen activities during Homecoming.

Signed: _____ Date: _____

Please Sign or Type Electronically

PICTURE RELEASE

I, _____ give Appalachian Bible College permission to use any pictures

Parent/Legal Guardian Name

taken of my child/teen,

Child/Teen Name

for ABC's website and promotion.

Signed: _____ Date: _____

Please Sign or Type Electronically