

**PHBC Parent Partnership and Tutoring Ministry Registration Form**  
**Poplar Heights Baptist Church**  
**1980 Hollywood Dr.**  
**Jackson, TN 38305**  
**731.668.2425**

Program Times: Monday – Friday 7:30 a.m. 3:30 p.m. After Care Times: 3:30 p.m. till 5:30 p.m.  
(Will follow Jackson Madison School 2020-2021 calendar for holidays and breaks)

Offered to student’s grades K-5 (Program is opened to e 25 students)

Students Legal Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Students Address: \_\_\_\_\_

Parents/Legal Guardian Name: \_\_\_\_\_

Parents/Legal Guardian Address: \_\_\_\_\_

Parents/Legal Guardian email: \_\_\_\_\_

Parents/Legal Guardian phone: \_\_\_\_\_

Parents/Legal Guardian Employer: \_\_\_\_\_

Emergency contact and authorized individual for pick-up

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of online curriculum being followed: \_\_\_\_\_

Students must bring all supplies to complete their classes, lunch, and snacks.

Yes, I will need my child/children to attend After Care \_\_\_\_\_ (please check the blank space)

Cost of program and after care are in the enrollment packet.

Upon completion of Registration form please email to [deb@poplarheights.com](mailto:deb@poplarheights.com)

“This facility is not required to be licensed by the state as a child care agency.”- T.C.A. 71-3-503(b)

Parent/Legal Guardian Signature: \_\_\_\_\_

## Waiver of Liability, Assumption of Risk & Indemnity Agreement

I \_\_\_\_\_, have read and understand the policy guidelines of Poplar Heights Baptist Church (“Poplar Heights”) and assume full responsibility for any damage done to the equipment, furniture, or buildings of Poplar Heights (herein collectively the “facilities”) during any preparation, or during the time I have use of the facilities or clean-up of the facilities.

**Assumption of Risks:** Use of Poplar Heights’s facilities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from: 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the use of the facilities.

**COVID-19:** The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. I understand that my presence at Poplar Heights and my use of Poplar Heights’s facilities is completely optional and voluntary. By choosing to be at Poplar Heights and/or choosing to use Poplar Heights’s facilities, I acknowledge and affirm that doing so may carry with it certain risks that I may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. By using Poplar Heights’s facilities, I agree to assume all of the foregoing risks and accept sole responsibility for any illness or injury to myself arising from exposure to COVID-19.

**Indemnification and Hold Harmless:** I also agree, on behalf of myself, my heirs, executors, personal representatives or assigns to INDEMNIFY AND HOLD Poplar Heights harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my use of Poplar Heights’s facilities.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law and that if any portion thereof is held invalid, it is agreed that any provision not held invalid shall continue in full legal force.

**Acknowledgement of Understanding:** I have read this waiver of liability, assumption of risks and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

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Signature of Participant Print of Participant Date

Poplar Heights Baptist Church 1980 Hollywood Drive Jackson, TN 38305  
Participation and Medical Release Form 2020-2021

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

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex (M/F): \_\_\_

Address: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Home Phone:(\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_) \_\_\_\_\_

Secondary contact in event of emergency: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_

Their phone:(\_\_\_) \_\_\_\_\_

Please supply ALL of the following information. Attach a copy of your insurance card.

Medical Insurance Co.: \_\_\_\_\_ Group# \_\_\_\_\_

Policy#: \_\_\_\_\_ Company's address: \_\_\_\_\_

Company's Phone:(\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

Phone:(\_\_\_) \_\_\_\_\_

On this page please list all Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medication and administration instructions for any medications taken on a regular basis and/or any brought with you on the trip in which this form pertains to (Prescription meds MUST have a pharmacy label and name of doctor):

List all operations/serious injuries and dates within the past five (5) years:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

**Emergency Authorization** - I hereby give permission to medical personnel selected by the participant's Church sponsor / his designee or conference, camp or event staff to order X-rays, routine tests, and treatment for myself or my child who is participating in the trip in which this form pertains to. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself or my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the Poplar Heights Baptist Church, its employees or agents from liability associated with participation in the trip or event or church activity in which this form pertains to. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**The following to be completed by the notary witnessing parent/guardian's signature.**

The State of \_\_\_\_\_ the County of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_

known to me (or proved to me on the oath of \_\_\_\_\_) to

be the person whose name is subscribed to the foregoing instrument and acknowledged to

me that he executed the same for the purpose and consideration therein expressed. Given

under my hand and the seal of the office this \_\_\_\_\_ day of \_\_\_\_\_,

A.D. \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, Signature

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_