



GBC Synergy 2026

application

Student Name _____ Date _____

Primary Address _____

DOB _____ Grade Entering _____ Birth Gender _____

Last School _____
Attended _____

PARENT INFORMATION

Father's Name _____ Marital Status _____

Primary Address _____

Email Address _____

Place of
Employment _____

Primary Phone Number _____

Employment Phone Number _____

Mother's Name _____

Primary Address _____

Email Address _____

Place of
Employment _____

Primary Phone Number _____

Employment Phone Number _____

APPROVED PICK UP LIST & EMERGENCY CONTACTS

Name &
Relationship _____ Phone Number _____



GBC Synergy 2026

application

Please list any allergies below.

Please list any other information you feel is important for Synergy Staff to know about your child.

Parent/Guardian Signature: _____

Date: _____



Medical Consent Form

In case of emergency, Grace Baptist Church personnel has my consent to authorize medical care for my child(ren) listed below:

.....

Child Name _____

Child Name _____

Child Name _____

Child Name _____

Our Family Physician

Physician Name _____

Address _____

Phone Number _____

Hospital Preference _____

Immediate Contacts

Name/Relationship/ Number _____

Name/Relationship/ Number _____

Signature/ Relationship

Date



Activities Release Form

Consent & Certification

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the scheduled children's activities of Synergy Camp at Grace Baptist Church, Springfield TN and any other supervised activities customary associated with GBC both on and off church property. Further, I certify that my child is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify camp staff in writing. Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted please specify:

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize GBC staff to make medical care decisions on behalf of my child 1) if required by law, or 2) if a health care provider or emergency medical provider recommends a course of action to the Director. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray machines, anesthetic, medical, or surgical diagnosis or treatment and hospital care.

I understand that GBC and its representatives will not be responsible for medical expenses incurred solely based on this authorization. I further agree to notify the Director and teacher in writing of any health changes that would restrict my child's participation in any normal children's activities. I also understand that the Director and designated leaders reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Signature/ Relationship

Date