



First Baptist Church Greensboro

2016-2017 Youth Activities Permission Form

Please fill out and return to Pastor Steve Cothran.

Participant Information

Name: _____ Age: _____

Cell Phone: (____) _____ Email: _____

Birthday: _____ Grade: _____ School: _____

Adult T-Shirt Size: S M L XL

Student Covenant

I agree to attend and be on time for every session, take part in all activities, support others in the group in their participation, and be responsible for my actions and not jeopardize my safety or that of others.

Signature of Student: _____ Date: _____

Parent Information (Notify FBC Greensboro of any changes)

Parent/Guardian Name: _____ Address: _____

Email: _____

In case of emergency, I can be reached at the following phone number:

Mother's Work# _____ Mother's Cell# _____

Father's Work# _____ Father's Cell# _____

Medical Information

Knows how to swim	Y	N
Tetanus shot up to date (include date) _____	Y	N
Any reaction to insect bites	Y	N
Asthma	Y	N
Any reaction to sun/sunburn	Y	N
Any medications to be taken	Y	N

(The above medical information, and any other medical information we need to be aware of, may be delivered to us in a "confidential" envelope.)

Name of Medical Insurance Company: _____ Policy Number: _____

Family Physician: _____ Phone: (____) _____

(Please notify us concerning medications, allergies, or other special needs. You may do so here, or in a "confidential" envelope.)

Parent Covenant

I understand that good behavior is an important part of any successful outing. If my child's behavior is deemed inappropriate by the group leader, I know that I may receive a phone call regarding the situation. I also agree to take care of the expense of my child's return home before the end of the named activity.

Signature of Parent: _____ Date: _____

Photo Release

I understand that while participating in church-affiliated events, photographs and videos may be taken of me and/or my child. By signing below, I am acknowledging this and agree to allow First Baptist Church Greensboro to use these photos and/or videos for display and promotion according to all Safe Sanctuary procedures. I understand that my child will not be identified by name.

Signature of Parent/Guardian: _____ Date: _____

Transportation Release

I, the undersigned parent/guardian, give permission for the above named to be transported to and from scheduled off-site youth events in the 2016-2017 school year and adjacent summers, by a driver approved by First Baptist Church Greensboro. I understand that one-on-one driving situations will only be permitted with prior written permission, specific to the given event.

Signature of Parent/Guardian: _____ Date: _____

WAIVER AND MEDICAL AUTHORIZATION FORM

RELEASE, WAIVER, AND INDEMNITY AGREEMENT IN REGARD TO PARTICIPATION BY MINORS IN ALL CHURCH SPONSORED ACTIVITIES

I have consented to participation by my minor son/daughter in the Church sponsored activity described in the accompanying **PERMISSION FORM**. In consideration for my son/daughter being allowed to participate in the activity, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or legal representative, could possibly have against First Baptist Church, Greensboro, North Carolina, the Pastors, the employees, or Church members which arise out of, or relate to, my son's/daughter's participation in this activity. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right as follows:

1. My child/children, my spouse, and I **release** First Baptist Church, its Pastors, employees, and Church members and **waive** any claim for injury, disability, disease, death or property damage which results from my child's/children's participation in the Church sponsored activity described in the **PERMISSION FORM**. This release specifically covers and **releases** any and all claims against First Baptist Church, its Pastors, employees, and Church members for their own negligence.
2. I agree, and I hereby bind my estate, to **indemnify** First Baptist Church, its Pastors, employees, and Church members against any claim by me, my spouse, or by my child/children, or by a legal representative, or by any third party which relates to, or in any way arises out of my child's/children's participation in the Church sponsored activity described in the **PERMISSION FORM**, including any costs or attorneys' fees which are incurred by them.
3. I assume any risks and hazards to my child's/children's participation in this activity and consent to full participation by my child/children.
4. I further authorize First Baptist Church, its Pastors, employees, or Church members to furnish my child/children with **emergency medical care** or to obtain the same from medical professionals in the event that the staff in their judgement deem the same to be needed for my child/children. This authorization includes, but is not limited to the following procedures to be conducted by licensed professionals: examination, x-ray, anesthetic, diagnostic and medical procedures including surgery, if necessary. I further agree to pay for this medical care furnished to my child/children or to reimburse First Baptist Church for this medical care.

Parent or Legal Guardian

Date

If you have any further questions, please call the youth office at 274-3286, x235.