



FIRST BAPTIST CHURCH GREENSBORO

YOUTH ACTIVITIES PERMISSION FORM

SEPTEMBER 2019 - AUGUST 2020

PARTICIPANT INFORMATION

Name: _____ **Age:** _____ **Grade:** _____
Cell Phone: _____ **Email:** _____
Birthday: _____ **School:** _____
Adult T-Shirt Size: _____

PARENT INFORMATION *(Notify FBC Greensboro of any changes)*

Parent/Guardian Name(s): _____

Address: _____

Email: (_____) _____ **Email:** (_____) _____

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

PARENT 1 _____

PARENT 2 _____

Cell # _____

Cell # _____

Work # _____

Work # _____

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.)

INSURANCE INFORMATION

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/GUARDIAN 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. In extremely rare instances, should it be deemed necessary by the leader, I also agree to take care of the expense of my child's return home before the end of the activity.

Signature of Parent: _____

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.

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 2019-2020 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 permission and notification, 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.

Signature of Parent/Guardian: _____ Date: _____

If you have any further questions, please contact Ashley Chandler at 274-3286, x121 or ashley@fbcgso.org.