



# FIRST BAPTIST CHURCH GREENSBORO

## YOUTH ACTIVITIES PERMISSION FORM

AUGUST 2024-JULY 2025

### 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.)*

*\*Although it is nearly impossible to eliminate all risk, we will do everything possible to lessen the risk of Covid-19.*

### 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 2024-2025 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 child in the Church sponsored activity described in the accompanying **PERMISSION FORM**. In consideration for my child 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 child'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 judgment 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 Chris Cherry at 274-3286, x109 or [chris@fbcgso.org](mailto:chris@fbcgso.org).*