



First Baptist Church
High Point Est. 1825

405 N Main Street | High Point, NC 27260

Phone: (336) 883-0177
2018 Annual Student Permission Form

Please fill out and return to the FBC Office.

General Information (please print) Last Grade Completed: _____ School: _____

Individual's Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Individual's Gender: MALE FEMALE Hair Color: _____ Eye Color: _____ Height: _____

Individual's Cell Phone: _____

T-Shirt Size: (circle one) Child: S M L XL Youth: S M L XL Adult: S M L XL XXL 3X 4X

Parent/ Guardian Name: _____ Work Phone: _____

Parent/ Guardian Email Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact 1: _____ Relationship to Individual: _____

Phone Number: _____ Other Number: _____

Emergency Contact 2: _____ Relationship to Individual: _____

Phone Number: _____ Other Number: _____

Individual's Physician: _____ Physician's Phone #: _____

Individual's Insurance Carrier & Policy Number: _____

Name of Primary Insured: _____

Health History (please check all that apply)

- Asthma Seizure Disorders Emotional/ Behavioral Disability
- Cardiac Disorders Digestive Disorders Sleep Disturbances
- Diabetes Motion Sickness Vision/ Hearing Impairment
- Mental Illness Physical Disability Appliances (retainers, contact lens, etc.)

Allergies: _____

Other: _____

If any of the above are checked, please give details: _____

Date of last Tetanus Shot: _____ Does the individual require a special diet? Yes No

If yes, please explain: _____

Does the individual use an inhaler? Yes No Is the individual taking a prescription or non-prescription medication? Yes No If yes, please answer the following:

1. Medication: _____

Dosage & Frequency of dosage: _____

2. Medication: _____

Dosage & Frequency of dosage: _____

3. Medication: _____

Dosage & Frequency of dosage: _____

Swimming Assessment:

Please check the level of swimming ability. **NO** Swimming Experience **YES**, please explain: _____

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 year of 2017, by a driver approved by First Baptist Church. 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: _____

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, if deemed necessary by the group leader and leaders.

Signature of Parent/Guardian: _____ Date: _____

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: _____

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 to use these photos and/or videos for display and promotion in according to all Safe Sanctuary policies. I understand that my child will not be identified by name.

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(s)/daughter(s) in all Church sponsored activities that they may attend. In consideration for my son(s)/daughter(s) being allowed to participate in any Church sponsored activities, 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, High Point, North Carolina, the Pastors, the employees, trustees, volunteers or Church members which arise out of, or relate to, my son's/daughter's participation in all Church sponsored activities. 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, volunteers, trustees, 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 any Church sponsored activities that my children may attend. 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, trustees, volunteers 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 any Church sponsored activities, 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 any Church sponsored activities and consent to full participation by my child/children.
4. I further authorize First Baptist Church, its Pastors, employees, volunteers 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.
5. This authorization shall remain effective until the end of December 31, 2018.

Signature of Parent/ Guardian: _____

Date: _____