

2022-2023 RELEASE & PERMISSION FORM

Student Name _____ Date of Birth _____ Age _____ Gender _____

Address (Mailing) _____ Grade for School Year 2022-2023 _____

City _____ State _____ Zip _____ Phone _____

Email Address _____

Physical Address (If Different) _____

Parent/Legal Guardian _____

Phone (Mom/Guardian) _____ Email (Mom/Guardian) _____

Parent/Legal Guardian Name _____

Phone (Dad/Guardian) _____ Email (Dad/Guardian) _____

In the event of an emergency, give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians. You MUST complete this information.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Insurance Company _____ Policy Number: _____

Any current medications (list) _____

Special/Diet/Allergies _____

Any other special instructions _____

Is it ok for your teen to travel with us in the church van and other approved church member vehicles? _____

Is it ok to use your teen's photo in church promotional material, website, videos, etc? _____

The student named above has my consent to participate in the youth ministry of First Baptist Church, Flippin, and any organization that is utilized by First Baptist Church, Flippin, in a youth activity. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend the activities of First Baptist Church, Flippin, Youth Ministry. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Signature _____ Date _____

Print _____