

My child has permission to attend all church-sponsored youth activities as listed in calendars or newsletters, including but not limited to the following: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, water skiing, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, flying, paintball, laser tag, bonfires, Worlds of Fun, Oceans of Fun, shopping trips, Mission Trips, barn swinging. NOTE: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to FBC prior to that event.

Waiver and Liability Form

I (We) acknowledge that my child's participation in FBC is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions and meetings. Therefore, in consideration of my child's being allowed to participate in FBC activities, I (we) agree to the following:

1. FBC is not responsible for the loss or theft of personal belongings.
2. Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.
3. I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications and the annual photo directory with their address of FBC's ministries including the internet website.
4. I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I waive, release, and discharge from any and all claims or liabilities for personal injury damages of any kind, which arise out of or relate to my child's participation in FBC activities. B) I indemnify and hold harmless FBC and its staff and volunteers from any claims made or liabilities assessed against them as a result of my child's actions. I hereby assume the risks of my child participating in all FBC's activities.

The undersigned _____(parent/guardian), the parent and natural guardian or legal guardian of _____(minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution Waiver and Release.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences of any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to FBC's representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

Participant's Name _____

Participant's Signature _____

Parent(s)/Guardian Signature _____ Date _____

General Information

Name _____ Birthday _____ Male / Female
Parent(s)/Guardian(s) _____
Reliable Contact Number _____
Address _____ City _____
State _____ Zip _____
Secondary Contact Person and Relationship _____ Phone _____
Medical Insurance Carrier _____ Policy # _____
Group # _____
Carrier Address _____ Name of Person Insured _____
Family Physician _____ Phone _____
Dentist/Orthodontist _____ Phone _____
Insured Person's Place of Employment _____
Insured Person's Social Security Number _____

Health and History (Check & Give Approximate Dates) Allergies (Check)

<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Asthma
<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Seizures
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Drugs (specify) _____	<input type="checkbox"/> Tourette's Syndrome	
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Chicken Pox	

Current Medications (List prescriptions, OTC, and herbal)

Medication Name _____ Dosage _____

Reason for Taking: _____

Medication Name _____ Dosage _____

Reason for Taking: _____

Blood Type if Known: _____

Are all immunizations current? (MMR, tetanus, hepatitis)? Yes No

Which best describes your student's swimming ability: Beginner Intermediate Advanced

Any other information you feel the leaders should know in advance about you student?

For your information, these are the rules of conduct which are expected at all church events:

- Respect one another, staff and adult leaders
- No alcohol, illegal drugs, tobacco of any kind permitted
- No boys in girl's sleeping rooms or girls in boy's rooms
- No fighting, weapons, fireworks, lighters, matches, explosives, etc.
- No students are permitted to drive to and/or from events
- Respect property at all times
- No offensive or immodest clothing
- No foul or offensive language
- Participation with the group is expected
- Be compliant with the event schedule

I, _____ (parent/legal guardian [print]), the parent and legal guardian of
_____ (minor's name [print]), hereby gives full permission for my child to
participate in any event put on by First Baptist Church Bethany, MO.

Minor's Signature _____

Parent's Signature _____