

# PERMISSION SLIP FOR MINORS

## PARTICIPANT INFORMATION

Full Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian Name(s) (please print): \_\_\_\_\_

## PARENTAL AUTHORIZATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in an activity that may require transportation away from the church site. This activity will take place under the guidance and direction of First Baptist Church of Dover.

## DESCRIPTION OF ACTIVITY

Event: \_\_\_\_\_  
Location: \_\_\_\_\_  
Activity Leader: \_\_\_\_\_  
Date of Event: \_\_\_\_\_ Time of Departure: \_\_\_\_\_  
Date of Return: \_\_\_\_\_ Time of Arrival: \_\_\_\_\_  
Mode of Transportation To/From Event: \_\_\_\_\_  
Cost of Event: \_\_\_\_\_

I hereby consent to participation by my son or daughter, in the event described above. I fully understand that this event may take place away from the church grounds and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless First Baptist Church of Dover, and its agents from any and all liability that may arise out of participation in this activity. **I give consent for emergency medical treatment if necessary, as determined by the trip chaperones.** I agree to hold harmless and release First Baptist Church of Dover and its agents from any and all liability related to expenses arising from the giving of such medical care. As parent/legal guardian, I remain fully liable for any legal responsibility which may result from any personal actions taken by the named participant.

I hereby grant permission to First Baptist Church of Dover to use my child's likeness on its promotional materials including, but not limited to videos, websites, and printed materials without further consideration, and I acknowledge First Baptist Church of Dover's right to crop or treat the likeness at its discretion.

**I consent to the conditions stated above, including the method of transportation.**

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Telephone #: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Allergies or Medical Concerns: (use back for more space) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group ID: \_\_\_\_\_

**Please fill in all insurance and doctor information.** Yes it's tedious, but if it wasn't necessary, it wouldn't be on the form. **Without this information it will be more difficult to obtain any necessary medical care.**

