

6th – 12th Grade Youth Group Student Info Form (2017-2018)

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|---------------------------------------|--|---|------------------|--|
| Student's Full Name | | Gender: M <input type="checkbox"/> F <input type="checkbox"/> | Grade on 9/2017: | |
| Student's Home # | | Student's Cell # | | |
| Student's E-Mail | | Student's Church | | |
| Student's School | | Student's Activities | | |
| Mom/Guardian Name | | Dad/Guardian Name | | |
| Mom/Guardian Cell | | Dad/Guardian Cell | | |
| Mom/Guardian E-Mail | | Dad/Guardian E-Mail | | |
| People bring/pick up student & cell # | | | | |

6th – 12th Grade Youth Group Medical Emergencies Form (2017-2018)

Student Date of Birth: _____ Student Address: _____

City: _____ State: _____ Zip Code: _____

Person Responsible for Medical Bills & Care:

Name: _____ Phone: _____ E-Mail: _____

Emergency Contact: _____ Emergency Phone: _____

Insurance Carrier: _____ Insurance ID: _____ Insurance Phone: _____

Medical information such as known allergies, asthma, medication, etc.: _____

6th – 12th Grade Youth Group Consent & Liability Form (2017-2018)

I, _____, who is legally responsible for _____,
(Parent/Guardian Print Full Name) *(Student Print Full Name)*
 grant permission for all of the following:

- Permission to attend the 9/1/17 – 8/31/18 First Baptist Church of Mount Holly Youth Activities & Events.
- Permission to the leaders in charge to seek medical attention, if they deem necessary.
- Permission for First Baptist Church of Mount Holly to use pictures/videos taken of the student at youth group activities and for promotion purposes only.

By signing digitally or by ink I agree to the above permissions **and** the following: Upon the student's, participating in any activity or event, I hereby further withdraw liability from First Baptist Church of Mount Holly, its associated ministries & the adults in charge for any accidents or incidents that may occur.

Signature

Date