



Permission/Medical Release Form

Axis Student Ministry is a ministry of Word of Life Baptist Church
1900 N Bagley St., Alpena, MI 49707 989-354-8019

Participant's Name _____

Address _____

Phone _____ Birth date _____

Email _____ Cell Phone _____

Person to contact in emergency _____

Relationship to participant _____

Home Phone _____ Cell/Work _____

Name of Insurance Company _____

Insured Name _____

Policy Number (Contract #/ID) _____

Group Number _____

Family Doctor _____

I give permission for the above named individual to participate in all activities at the East Campus Youth & Family Center and activities off -site with Axis Student Ministry. In case we cannot be reached during an emergency, I (we) the undersigned give permission for our child to be treated by a licensed physician, and for said physician to administer whatever care is necessary, including anesthesia, for their safety and care.

I, for myself and any representative, hereby release and hold harmless Wade Yocum, East Campus Youth & Family Center, Word of Life Baptist Church, the senior pastor, the youth pastor, and other activity participants and youth leaders with respect to any and all injury, disability, death, or loss or damage of person or property, except that which is the result of gross negligence and/or wanton misconduct.

Signed (Parent/Guardian if under 18) _____ Date _____

Please note any medical allergies, medical problems, physical conditions, and medications being taken or other pertinent information:
