

East Side Baptist Church Teens

Activity Release

September 2017 – August 2018

Event sponsor contact information:

Church Phone: 765-362-1785

Pastor Nathan Chambers: 765-918-6062

Student Information

Student Name _____

Date of Birth _____ Grade _____

Parent / Guardian Name(s) (please print) _____

Address _____

City/State/Zip _____

Phone # (_____) _____ - _____ Alt Phone # (_____) _____ - _____

Activity Release

As a parent / legal guardian of _____, I give my permission for this student
(name of student)
to be involved in the activities of the East Side Baptist Teens from September 2017 through August 2018. I am aware that physical risks are associated with participating in some youth activities regardless of precautions taken. I understand that reasonable safety precautions will be taken at all times by the East Side Baptist leaders. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold East Side Baptist Church, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the above listed student.

I also consent to the use of any audio, videos, or photographs of my child for promotional purposes that may be taken during the course of the youth event(s).

Signature of Parent / Guardian

Signature of Youth (if over 18)

East Side Baptist Church Teens

Medical Release

September 2017 – August 2018

Event sponsor contact information:

Church Phone: 765-362-1785

Pastor Nathan Chambers: 765-918-6062

Medical Release

Family Doctor _____

Doctor's Phone _____

Insurance Company _____

Policy ID # _____

Insurance Company Address _____

City/State/Zipcode _____

Medical/Food Allergies _____

Date of Tetanus shot/booster _____

Other medical concerns we need to be aware of _____

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I consent to and authorize the giving of all treatments, medications and the performance of any other technical procedures, which are ordered by a physician for the care of the above named student. I also agree to accept all financial responsibilities incurred as a result thereof.

Signature of Parent / Guardian

Signature of Youth (if over 18)