

# Bogue Falaya Baptist Church

## Children's/Youth Ministry Permission/Waiver Form

Name of Child (please print) \_\_\_\_\_  
Parent(s) and/or legal guardian(s) of child participant \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_  
Age of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Academic Grade \_\_\_\_\_

### ***FUNCTIONS AND ACTIVITIES***

I am the parent/guardian of the child named above ("my child"). My child and I would like for my child to participate in church programs and recreational activities ("Church Activities") held from time to time by Bogue Falaya Baptist Church. I understand that the Church Activities will be held both on and off the church property.

Activities may include, but are not limited to: cookouts, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, snowboarding, hiking, biking, concerts, Bible studies, miniature golf, hayrides, Awana.

*Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church pastor/youth pastor prior to that event.*

### ***RELEASE OF LIABILITY***

By signing this Permission/Waiver Form, I expressly assume all risks of the child participating in the Church Activities. I further agree to indemnify and hold harmless Bogue Falaya Baptist Church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my child's participation in the Church Activities, or as a result of injury or illness of my child during such activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Bogue Falaya Baptist Church or its ministers, leaders, employees, volunteers, or agents.

### ***FIRST AID AND EMERGENCY MEDICAL TREATMENT***

I do hereby give permission for agents of Bogue Falaya Baptist Church to seek and secure any needed medical attention or treatment for my child, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment.

### ***SERVICES, EVENTS AND FIELD TRIPS***

I understand that my child will be participating in Church Activities. I give permission for that child to ride with staff-approved drivers when transportation is required. I also give permission for my child to ride the church Van/bus to and from services, events and field trips.

### ***SIGNATURE OF PARENT/GUARDIAN***

**I REPRESENT THAT I AM THE PARENT/GUARDIAN OF \_\_\_\_\_, WHO IS UNDER 18 YEARS OF AGE. I HAVE READ THE ABOVE CHILDREN'S/YOUTH MINISTRY PERMISSION/WAIVER FORM AND AM FULLY FAMILIAR WITH THE CONTENTS THEREOF. I GIVE PERMISSION FOR THE CHILD NAMED ABOVE TO PARTICIPATE IN THE CHURCH ACTIVITIES OF BOGUE FALAYA BAPTIST CHURCH.**

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Print Name of Parent or Legal Guardian \_\_\_\_\_

***IMPORTANT INFORMATION***

**EMERGENCY CONTACTS:** The following are the names of persons and telephone numbers to call in case of emergency:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**MEDICAL HISTORY:** My child has the following special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.): \_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION:** Other information leaders should know about the child participant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_