

Activities Participation and Liability Release Form

Valid January 2018 through December 2018

First Baptist Church of Maryville

202 W. Lamar Alexander Parkway, Maryville, TN 37801

Phone: 982-5531 • Fax: 982-5533

Student Information:

Student's Name: _____

Full Address: _____

Email Address: _____ Birthdate: _____

Student's Cell Phone: _____ Does your student text? _____

T-Shirt Size: circle one (adult sizes) - S M L XL XXL

(Some events require or provide a t-shirt for the students.)

School Student Attends: _____ Grade: _____

Parent/Guardian Information:

Name of Parent(s)/Legal Guardian(s): _____

Address (if different from above): _____

Home Phone: _____

Mother's/Guardian's Cell: _____ Work Phone: _____ Email: _____

Father's/Guardian's Cell: _____ Work Phone: _____ Email: _____

Emergency Contact:

Name of friend/relative not living at your residence who could be reached in case of emergency:

_____ Phone: _____ Relationship to student: _____

_____ Phone: _____ Relationship to student: _____

Medical/Insurance Information:

Please attach a copy of BOTH sides of student's health insurance card.

Family Physician: _____ Phone: _____

Identify any information that would be helpful to a medical team in an emergency situation
(i.e. allergies, medications, health conditions, etc.):

(OVER)

