



"Making adult disciples who are following Christ as teenagers."

## Fusion Student Participation Form

### Grace Baptist Church

1400 N. Market St., Troy, OH 45373; 937-339-2019

[www.findinggrace.net](http://www.findinggrace.net)

Luke Brittan, Youth Pastor ([lbrittan@findinggrace.net](mailto:lbrittan@findinggrace.net))

I give my son/daughter permission to participate in activities led by Grace Baptist Church. This permission includes but is not limited to:

- Permission for Grace Baptist to make necessary medical decisions in case of emergency.
- Permission for Grace Baptist to administer medications as needed.
- Permission for Grace Baptist to transport my son/daughter to any Fusion Ministry Activities.
- Permission for Grace Baptist to transport my son/daughter over state lines with my prior knowledge.
- Permission for Grace Baptist to transport my son/daughter to another country with my prior knowledge.
- Attendance at all activities is a privilege contingent upon the cooperation of each teen.
- Grace Baptist Church is a Christian organization, will teach Christian Doctrine as defined in our Constitution Doctrinal Statement, and Christian standards of conduct, dress, and attitude are expected from everybody.

1<sup>st</sup> Person to call in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications/Dose \_\_\_\_\_

Other Health Notes \_\_\_\_\_

### Student Info:

Name (Print) \_\_\_\_\_ Cell Phone : \_\_\_\_\_ Birth Date: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### Parent/Guardian Info:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

