

**Dear Parents,**

**Before your youth leaves on this event, I need this release form completed.**

\_\_\_\_\_ has permission to attend \_\_\_\_\_

I will not hold Emmanuel Baptist or its members/staff liable for any accidents that may occur. I give my permission to the staff to administer first aid. I understand that, in the event medical treatment is necessary, every effort will be made to contact me.

However, if I cannot be reached, I give my permission to the staff to secure the services of a physician to provide the care necessary for my child's well-being.

Medical insurance name \_\_\_\_\_ Policy # \_\_\_\_\_

Please list any medical allergies, medical problems or other pertinent information:

Medications taken: \_\_\_\_\_

Emergency person and phone \_\_\_\_\_ Phone# \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**(Parent or Guardian)**

**Student Participation Agreement:**

I, as the participant, understand that while in attendance of this Emmanuel Baptist Youth event, I am under the direction and authority of those leaders in charge. I also understand that the use of alcoholic beverages, illegal drugs, tobacco, fireworks, foul language and abusive or lewd behavior is prohibited. I am expected as a participant to be with the group at all times. I understand that this is a Christian event and will have a spiritual emphasis.

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please call Pastor Kelley at 760-539-2740 or [pastorkelley@ebccoquille.org](mailto:pastorkelley@ebccoquille.org)**

**Emmanuel Baptist Student Ministries**

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