

6th – 12th Grade Youth Group Student Info Form (2018-2019)

Student's Full Name		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Grade on 9/2018:	
Student's Home #		Student's Cell #		
Student's E-Mail		Student's Church		
Student's School		Student's Activities		
Mom/Guardian Name		Dad/Guardian Name		
Mom/Guardian Cell		Dad/Guardian Cell		
Mom/Guardian E-Mail		Dad/Guardian E-Mail		
People bring/pick up student & cell #				

6th – 12th Grade Youth Group Medical Emergencies Form (2018-2019)

Student Date of Birth: _____ Student Address: _____

City: _____ State: _____ Zip Code: _____

Person Responsible for Medical Bills & Care:

Name: _____ Phone: _____ E-Mail: _____

Emergency Contact: _____ Emergency Phone: _____

Insurance Carrier: _____ Insurance ID: _____ Insurance Phone: _____

Medical information such as known allergies, asthma, medication, etc.: _____

6th – 12th Grade Youth Group Consent & Liability Form (2018-2019)

I, _____, who is legally responsible for _____,
(Parent/Guardian Print Full Name) *(Student Print Full Name)*

grant permission for all of the following:

- Permission to attend the 9/1/18 – 8/31/19 First Baptist Church of Mount Holly Youth Activities & Events.
- Permission to the leaders in charge to seek medical attention, if they deem necessary.
- Permission for First Baptist Church of Mount Holly to use pictures/videos taken of the student at youth group activities and for promotion purposes only.

By signing I agree to the above permissions **and** the following: Upon the student's, participating in any activity or event, I hereby further withdraw liability from First Baptist Church of Mount Holly, its associated ministries & the adults in charge for any accidents or incidents that may occur.

Signature

Date