

# Parental Consent and Student Agreement Form for Bayside Family Ministries

Form valid from Jan. 1 - Dec. 31, 2019

3380 SR 580 // Safety Harbor, FL 34695 // Phone: 727.669.7212



Student/Child Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade (2018-2019): \_\_\_\_\_ Gender: M F

Student/Child Shirt Size: (Adult) S M L XL XXL (circle one) Other Size: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Guardian Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Allergies / Health Issues: \_\_\_\_\_

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

The above student/child has my **permission to attend and participate in activities** sponsored by Bayside Community Church of God, both on and off the church property.

In order that my student/child may receive the necessary **MEDICAL TREATMENT** in the event of an injury or illness, I hereby hold Bayside Community Church of God harmless in the exercise of this authority.

I understand that every attempt will be made to contact me or my representative in case of emergency. If I cannot be reached, I hereby give permission to the physician or dentist selected by the activity leader to hospital, to secure medical treatment, and/or to order an X-ray examination, injection, anesthesia, surgery, or dental diagnosis/treatment for my child as deemed necessary. I understand that I am liable and agree to pay all costs and expenses incurred in connection with such medical and dental services.

1. Should it be necessary for my student/child to return home due to medical reasons or otherwise, I agree to assume all **TRANSPORTATION** costs. I also give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Bayside Community Church of God.

2. I understand that all reasonable safety precautions will be taken at all times by Bayside Community Church of God and its agents. I further acknowledge, understand, and agree that in taking part in these activities/events there is a responsibility of physical illness or injury (minimal, serious, or catastrophic) and that I am **ASSUMING THE RISK** of such injury by participating.

3. I further agree to **HOLD HARMLESS** the Bayside Community Church of God, including its officers, elders, employees, volunteers, and the facility in which the activity/event is being conducted for any injury or illness incurred by my child and the participants prior to, during the course of, or after the event/activity.

4. I give permission for Bayside Community Church of God to use and publish **PHOTOGRAPHS** or other Images of my child in any print, electronic, digital, or other media; and to alter the same without restriction. I understand that the name of my child will not be included with any photograph or image used in any medium. I release Bayside Community Church of God and its legal representatives from all claims and liabilities relating to said photographs and images.

I have read and agree to the above statements.

PRINT Parent / Legal Guardian \_\_\_\_\_

SIGN Parent / Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT COOPERATION AGREEMENT:** I agree to abide by all the rules and guidelines given by the leaders of Bayside Family Ministries. I understand that if, at any time, I choose not to cooperate with the leaders or follow the rules I may be sent home at my or my parent's expense. I also understand that I am responsible for any damage I cause to property.

I have read and agree to the above statement.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_