



FBC YOUTH EVENT PARTICIPATION FORM

I/We give consent for _____ (name of minor) to attend any ***FBC Youth*** event sponsored by First Baptist Church through the duration of his/her involvement of the First Baptist Youth ministry.

In the event that he or she is injured while under the care of First Baptist Church and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, the First Baptist Church and its representatives free and harmless of any claims, demands, or suites for damages arising from the authorization and provision of such medical treatment. If at any time my insurance changes, I will update my records at the church as soon as possible.

I/We understand the nature of the events and do hereby release First Baptist Church and its representatives from any liability due to accident or injury incurred by my child.

Signed: _____

Every possible safety precaution will be taken by those in charge and every possible attempt will be made to contact the parent or guardian immediately in the event of injury or other emergency.

Name of Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____ Grade of Minor: _____

D.O.B. ____/____/____ Phone: Office () _____ Cell () _____

Special Medications or Medication Allergies _____

Health Insurance Provider and # _____

Family Doctor _____ Doctor's Phone () _____