



Central Baptist Church Student Ministry  
Effective Date: January 1, 2018

**Participant Information**

Full Name (First, Middle, Last) \_\_\_\_\_

Gender: M / F    Birthday: \_\_/\_\_/\_\_    Age: \_\_\_\_\_    Grade Completed in May 2017: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_    Cell Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_ (if applicable)

Health Issues/Allergies/Activity Restrictions/Medications: \_\_\_\_\_

**Required Emergency Medical Information**

Health Insurance (    ) Yes (    ) No    Company \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Insured \_\_\_\_\_ Family Physician \_\_\_\_\_ Office # \_\_\_\_\_

**Parent Information**

Name of Parent(s) or Legal Guardian: \_\_\_\_\_

Address (is other than participant) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone 1: \_\_\_\_\_ Name: \_\_\_\_\_

Cell Phone 2: \_\_\_\_\_ Name: \_\_\_\_\_

**Agreement**

**I have read, understood and agreed to the information on the reverse side of this form. All releases, authorizations and permission granted shall remain in effect unless revoked in writing by the undersigned to Central Baptist Church, FL 2503 Country Club Rd, Melbourne, FL 32907**

\_\_\_\_\_

**Signature of Parent or Legal Guardian**

\_\_\_\_\_

**Date**

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Office Use Only

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_



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I, the undersigned certify that I am the parent or legal guardian of the above mentioned participant. I hereby authorize my minor child named above to attend and participate in campus events/activities including off-campus for which I have registered him/her. I understand that my minor child must obey all established rules and follow the instructions of the person in charge. I consent and understand that if my child is sent home under such circumstances I will be responsible for all associated costs incurred, including the cost of travel arrangements.

Prior to the participant of my minor child, I acknowledge that there are certain risks associated with certain Campus Event Activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness or even death. Furthermore, in addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. Accordingly, I acknowledge that participation in such activities involves certain dangers and risks which may expose child to hazards of bodily injury or property damage, and which may result in my child being unable to contact me or be unable to receive immediate medical care and assistance if injury occurs.

By signing this parental consent and liability form, I expressly warrant that my child named above is capable of withstanding both the physical and mental demands associated with any campus events activities for which s/he registered. I also expressly assume all risks to my child's participation in these campus events activities, whether such risks are known or unknown to me at this time. In recognition of these risks and realities, and in consideration of my child being offered opportunity to participate in and benefit from campus event activities, I agree on behalf of myself and my child to release, waive, and disclaim any and all liabilities of or claims against, Central Baptist Church, it's officers, employees, and all private volunteers without charge to transport, supervise, or chaperone my child while participating in such campus event activities including but not limited to any or all liabilities or claims for personal injury, property damage, court costs, attorney's fees and interest, however caused or accrued, as a result of my child participating in the Central Baptist Church – sponsored event.

**Media Release**

I hereby give Central Baptist Church the right and permission to photograph, video, or audio tape, my above named child while s/he is attending participating in any campus event activity occurring on or off the campus of Central Baptist Church. I agree the material may be used in form of publications, including electronic or in audio-visual presentations, promotional, advertising, or in other similar ways.

**Medical Authorization / Consent for Medical Treatment of a Minor**

As parent or legal guardian of my minor child (participant mentioned above), I am responsible for the health care decisions of my minor child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for dental, medical and/or hospital care or treatment to be rendered to my minor child is legally sufficient and the no consent from any other person is required.

By signing below I authorize any Central Baptist Church staff member or adult volunteer, in whose care the minor child has been entrusted to authorize any hospital or physician or other health care provider to bill the insurance company provided with this form of any services rendered to the minor child. I agree to assume responsibility for the charges for such care as rendered to the above named minor child.

I authorize any hospital, physician, or other health care provider to release information from the minor child's medical record to the insurance company named on this form, in connection with the completion of any insurance claim form.

Upon completion of reading this agreement initial here \_\_\_\_\_, sign and date on the reverse side.