

First Baptist Church of Cadillac
Youth Ministry

Activity Participation Agreement and Medical Release

Valid for September 1, 2021 through August 31, 2022

Students Name: _____ Age _____ Gender _____

DOB: _____ **Cell Phone:** _____

2nd Cell Phone: _____ **Parent Email:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Name of School: _____ **Grade in School** _____

Emergency Contacts:

Parent/Guardian: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Additional Parent/Guardian: _____

Participation Agreement

In consideration of First Baptist Church of Cadillac allowing the Participant to participate in youth ministry events, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless First Baptist Church of Cadillac, its trustees, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth ministry events. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry events, including trips away from the church premises. Furthermore, we (I) [and on behalf of our (my) minor Participant] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further,

authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

In a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Student Rules of Conduct: *Parents please review these rules with your student.*

1. No possession or use of alcohol, drugs, tobacco, E- Cigarettes or vaping devices.
2. No fighting or offensive language
3. No offensive or immodest clothing, including bathing suits.
4. No boys in girls sleeping quarters and no girls in boys sleeping quarters
5. Participation with the group is expected
6. Respect property and follow property rules
7. Respect one another, staff and adult leaders
8. Respect and comply with event schedules and rules
9. Students must wear his/her seatbelt in any and all vehicles on church sponsored events.
10. Students may be asked to turn off their cell phone during activities or turn in their cell phone to youth leaders during activities at the discretion of the Church staff or assigned youth leader.

I understand that Students who fail to comply with these expectations may be sent home at their parents' expense.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for Participant to ride in any vehicle driven by an approved volunteer chaperone while attending and participating in youth ministry events sponsored by First Baptist Church of Cadillac. Participant and I understand that **SEAT BELTS MUST BE WORN AT ALL TIMES** during transportation.

First Baptist Church of Cadillac Youth Ministry Permission for Photo Release

_____ I give my permission for my child's photograph to be used in Youth Ministry Material.

_____ I do not give my permission for my child's photograph to be used in Y. Ministry Material.

I give permission for my son/daughter to participate in all First Baptist Church of Cadillac Youth Ministry Activities between the dates of, **September 1, 2021 through August 31, 2022.**

Parent/guardian's name (printed): _____

Parent/guardian's signature: _____ Date: _____

Medical Information

Medical Insurance:

Name of Insurance _____

Police Holder _____

Policy Number _____

(Please submit a copy of your Insurance Card)

Medical Care Providers:

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

Past Medical History

If necessary, describe in detail the nature and severity of any physical and/ or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subjected and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

(Check Appropriate information). Asthma ___ Sinusitis___ Diabetes_____

Heart Trouble___ Epilepsy/Seizure Disorder_____ Upset Stomach_____

Other_____

Date of last tetanus shot: _____

Please list any major illnesses the child experienced during the last year? _____

Should this child's activities be restricted for any reason? Please explain (use back of this sheet for additional space): _____

Allergies: Food(s): _____

Special Diet: _____

Penicillin or Other Drug(s) (Name): _____

Insect Stings/Bites: _____

Childhood Disease: Chickenpox___ Measles___ Mumps___ Whooping Cough___

Current Medications: _____

OVER-THE-COUNTER MEDICATION PERMISSION: Do you give permission for your son/daughter to be given over the counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomach, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

___ NO. Contact me or get medical help if my child has any minor medical concerns.

___ YES. I give permission for an adult youth leader to give my child approved over the counter medications.

Permission for Treatment:

My permission is granted for the First Baptist Church of Cadillac's Pastoral Staff or any other adult(s) in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and First Baptist Church of Cadillac from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in a church-sponsored youth activity.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____