

YOUTH ACTIVITIES CONSENT FORM

This waiver and release will be valid from January 1, 2022 to December 31, 2022.

Name of youth _____ Birth Date ____/____/____

Address _____ City _____ St _____ Zip _____

Youth Cell Phone (____) _____ Youth Email Address _____

Mother's Name _____ Mother Cell Phone (____) _____

Mother's Email _____

Father's Name _____ Father's Cell Phone (____) _____

Father's Email _____

Emergency contact other than parents _____ (____) _____

Medical Information Is your youth presently being treated for an injury or sickness or taking any medication? Yes No

If yes, please explain. _____

Does your youth have, or has your youth ever had, any of the following? (Please check all that apply.)

Asthma Hay Fever Kidney Disease Diabetes Heart Murmur Seizure Disorders

Please explain _____

List any know foods or medications your youth is allergic to and what reaction occurs when exposed. _____

Does your child carry an EpiPin? _____

Is your youth afraid of any of the following? Heights The Dark Other _____

Does your youth ever sleepwalk? Yes No Youths blood type _____ (if known)

Does your youth have a physical handicap or known illness that would prevent him or her from participating in normal rigorous activity? Yes No If yes please explain _____

Family Doctor _____ (____) _____

Insurance Co. _____ Policy No. _____

Is there any additional information you feel we should know about your child? _____

Consent and Certification I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled you activities of HEBRON BAPTIST CHURCH, and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend youth trips, Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing.

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Medical Treatment Authorization

I recognize that there are risk involved in participating in any activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in any activity associated with Hebron Baptist Church.

To the fullest extent permitted by law, I release Hebron Baptist Church its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Hebron Baptist Church, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child’s participation in youth activities.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guarding, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of Hebron Baptist Church or organization sponsoring any event will be used as the secondary coverage.

NOTE: Hebron Baptist Church must hold the original form.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Youth Pledge

I hereby pledge to uphold all policies of the Youth Department of HEBRON BAPTIST CHURCH. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions. I also understand I am not allowed to leave during and youth event on or off campus without the approval of the adult leader in charge and I will not be allowed to leave with anyone that isn’t pre-approved by my parents or guardian.

Signature of Youth

Date

Printed Name of Youth