



## **PARTICIPATION ACKNOWLEDGEMENT AND MEDICAL INFORMATION FORM**

### **YOUTH INFORMATION:**

Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Current Age: \_\_\_\_\_ Curent Grade Level: \_\_\_\_\_

School Name: \_\_\_\_\_

Youth Cell Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Does not have phone.

Youth Email Address: \_\_\_\_\_

Youth t-shirt size (please use adult size): \_\_\_\_\_

### **PARENT/LEGAL GUARDIAN INFORMATION:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Ph. #: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Ph. #: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Ph. #: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Ph. #: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**MEDICAL INFORMATION:**

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Family Physician Office Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Please list any concerning medications, allergies, or other special needs here:

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Does the child know how to swim? (Circle one) Yes No

Does the child have asthma? (Circle one) Yes No

Is the child prone to sunburn? (Circle one) Yes No

Any strong reactions to insect bites/stings? (Circle one) Yes No

**CERTIFICATION:**

I certify that the above information is true and correct to the best of my knowledge and will make the Youth Ministry director aware of any changes.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

First Baptist Church Montmorenci

44 Old Barnwell Road | Aiken, SC 29803 | (803) 641-0801



## CONSENT WAIVER AND MEDICAL AUTHORIZATION FORM

### *RELEASE, WAIVER, AND INDEMNITY AGREEMENT FOR PARTICIPATION BY MINORS & STUDENTS IN ALL CHURCH SPONSORED ACTIVITIES*

I have consented to participation of \_\_\_\_\_ in  
the First Baptist Church of Montmorenci Youth Program.

In consideration for my child being allowed to participate in this program, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or a legal representative, could possibly have against the First Baptist Church of Montmorenci, its staff, or Church members which arise out of, or relate to, my son's/daughter's participation in this activity.

By signing below, my child, my spouse, and I release the First Baptist Church of Montmorenci, its staff, and Church members and waive any claim for injury, disability, disease, death or property damage which results from my child's/children's participation in the First Baptist Church of Montmorenci Youth Program. This release specifically covers and releases any and all claims against First Baptist Church of Montmorenci Youth Program, its staff, and Church members for their own negligence.

I further authorize the First Baptist Church of Montmorenci, its staff, or Church members to furnish my child/children with emergency medical care or to obtain the same from medical professionals in the event that the staff in their judgment deems the same to be needed for my child/children. This authorization includes, but is not limited to, the following procedures to be conducted by licensed professionals: examination, x-ray, anesthetic, diagnostic and medical procedures including surgery, if necessary. I further agree to pay for this medical care furnished to my child/children or to reimburse the First Baptist Church of Montmorenci for this medical care.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



## PHOTO RELEASE FORM

Youth Name: \_\_\_\_\_

I grant permission to the First Baptist Church of Montmorenci to use my child's image on the Church website and other media outlets for purposes of outreach, community engagement, and advertising.

\_\_\_\_\_

Parent or Legal Guardian Signature

\_\_\_\_\_

Date

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