

STUDENT LIFE ACTIVITY PERMISSION FORM

2021 CALENDAR YEAR

Name: _____ Age: _____

Date Of Birth: ____/____/____ Year in school: ____ M/F T-shirt size _____

Parent #1 Email: _____

Parent #2 Email: _____

Address: _____ City: _____

State: _____ Zip: _____

Student's Cell #: _____

Mother's name: _____ Work/Cell #: _____

Father's name: _____ Work/Cell #: _____

Emergency Contact: _____ Home/Work/Cell #: _____

We expect each student to conform to these rules of conduct:

No possession or use of alcohol, drugs, or tobacco. Participation with the group is expected.

No fighting, weapons, fireworks, lighters, or explosives. Respect and comply with event schedules.

No offensive or immodest clothing. Respect one another, staff, and adult leaders.

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters. Respect property.

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

I, the student, have read the rules of conduct; I agree to abide by the stated personal code of conduct.

I understand that my actions, words, and attitudes are a picture to a watching world of who I am, and should be mindful of how they reflect upon our Student Ministry, FBC Warrensburg, and Christ Followers worldwide.

Student's signature: _____ **Date:** _____

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—————*THIS PAGE MUST BE NOTARIZED*—————

(NAME OF STUDENT)

_____ has my/our permission to attend the following events and participate in the following activities listed below as well as any other events/activities added on a later date by Student Life Ministries or FBC Warrensburg on campus or off-site.

- Sunday Morning Activities
- Wednesday Night Pursuit Activities
- Summer Camp
- Chili Bowl/Super Bowl
- Student Ministry Service Projects
- Disciple Now
- Summer Activity Series
- Church-wide activities

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of the named student.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events/activities being organized by the First Baptist Church of Warrensburg and/ or Student Life Ministries and. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release First Baptist Church and Student Life Ministries, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child’s involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by First Baptist Church and Student Life Ministries, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Further, I/we affirm that the health insurance information provided is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian #1 signature: _____ **Date:** _____

Parent/guardian #2 signature: _____ **Date:** _____

(MUST BE SIGNED IN FRONT OF NOTARY PUBLIC)

Notary Public signature: _____ **Date:** _____