



# Scotsdale Baptist Church 2021 Youth Activities Permission Form

Please fill out and return to Youth Pastor Luis



### Participant Information

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

T-Shirt Size: YS YM S M L XL 2X 3X

Parent/Guardian Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

### Insurance Information

Carrier or Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Carrier's Address: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Policy Holder's Social Security # or Insurance ID#: \_\_\_\_\_

Please list and explain if any past history of:

Allergies      Asthma      Heart Condition      Hypoglycemia      Diabetes

Epilepsy or other nervous disorder      Stomach Upsets or Disorders      Other (explain below)

Comments/Additional Information (include prescription medication): \_\_\_\_\_

\_\_\_\_\_

### Parent/Guardian Authorization (signature required for child to participate)

I, the undersigned parent/guardian, give permission for the above named to participate in church-sponsored youth events during the 2021 school year and adjacent summers. I recognize and acknowledge that youth activities can involve certain hazards; including, but not limited to, illness, injury, and accidents, and release Scotsdale Baptist Church from liability. I hereby certify that the information above is correct. IN CASE OF EMERGENCY, I understand that every effort will be made to notify me or the emergency contact person above. If unable to be reached, I hereby give my permission to the chaperone(s) of the activity to contact my physician, or another physician if the above-named medical professional is unavailable. I grant permission to that physician to hospitalize, order injections, administer anesthesia, perform surgery, or seek other emergency medical treatment, including ordering x-rays or routine tests, for participant named above. I hereby give permission to the designated medical provider to offer routine healthcare and administer all medications, including non-prescription (over the counter) drugs. The following health history is correct and complete to the best of my knowledge. I agree to the release of any records necessary for insurance for insurance purposes. This completed form may be photocopied for trips off the church property.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release** (signature required for child to participate)

I understand that while participating in church-affiliated events, photographs and videos may be taken of me and/or my child. By signing below, I am acknowledging this and agreeing to allow Scotsdale Baptist Church to use these photos and/or videos for display and promotion according to all Safe Sanctuary procedures.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation Release** (signature required for child to participate)

I, the undersigned parent/guardian, give permission for the above named to be transported to and from schedule off-site youth events in the 2021 year, by a driver approved by Scotsdale Baptist Church. I understand that one-on-one driving situations will only be permitted with prior written permission, specific to the given event.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Driving Privileges** (If child has a legal driver license or legal drivers permit)

I, the undersigned parent/guardian, give permission and allow the above named to drive to and from schedule off-site youth events in the 2021 year, in his/her own personal vehicle, if the above named chooses to drive separately.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_