

Parental Permission Form
First Baptist Church of Indian Trail
P.O. Box 2550
Indian Trail, NC 28079

Date and Location of Mission Trip: _____

Child's Name: _____

Address: _____

_____ City _____ State _____ Zip code

Student's / Chaperone's Date of Birth: _____/_____/_____

Student's / Chaperone's Social Security Number: _____ - _____ - _____
(For medical treatment purposes only)

Father's Name: _____ Work Phone #: _____

Mother's Name: _____ Work Phone #: _____

Home Phone Number: _____ Cell Phone #: _____

In case of an emergency call: _____

Any known medical problems? [] Yes [] No

If yes, explain: _____

Any medicines to be taken daily? _____

Are you allergic to any Drugs, Medicines, Plants, Bee Stings, Milk, Foods, Etc.? [] Yes [] No

If Yes, Explain: _____

(BE SURE TO FILL OUT AND SIGN THE BACK OF THIS FORM)

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of First Baptist Church of Indian Trail is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Registration Form, I expressly warrant that the child named on the other side is capable of withstanding both physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release First Baptist Church of Indian Trail and its ministries, leaders, employees, volunteers, and agents from any claim, liability, actions, expense, obligation and or damages that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against First Baptist Church of Indian Trail or it's ministries, leaders, employees, volunteers, or agents.

I furthermore agree to indemnify and hold harmless First Baptist Church of Indian Trail and its ministries, leaders, employees, volunteers, and agents from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for First Baptist Church of Indian Trail to seek and secure any needed medical attention or treatment for the child named above including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Special Events and Field Trips

I understand that the child named above may take part in all scheduled and unscheduled activities consistent with the purposes of the church.

I represent that I am the parent / guardian of _____ who is less than 18 years of age. I have read the above Registration Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of First Baptist Church of Indian Trail, including any special events/activities.

Signature of a Parent or Legal Guardian: _____ Date: _____

Print Name of Parent or Legal Guardian: _____ Date: _____

Name of Insurance Company: _____ Contract or Group #: _____

Policy Number: _____ Subscriber Name: _____

Subscriber Date of Birth: _____ Subscriber Social Security Number: _____

Insurance Company Phone Number: _____