

**YOUTH PARTICIPATION/RELEASE FORM**  
(Expires one year from date signed)

Participants Name \_\_\_\_\_ Age \_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
In case of emergency notify \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Profile**

List any medical difficulties for which your student is currently being treated:

\_\_\_\_\_

List any allergies your student may have (food/animal/etc):

\_\_\_\_\_

List any medications your student is currently taking: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

My permission is granted for the camp or event director, church official, or any event staffer or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge First Baptist Church, Dadeville, Alabama of the Southern Baptist Convention, camp or event sponsors, or state conventions and their employees from any and all claims, demands, actions, or causes of action, past, present or future arising out of any damage or inuustry while employed by or participating in this camp or event. I agree to indemnify First Baptist Church Dadeville for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future arising out of or caused by my child while participating in this ministry or even or while on property leased or owned by First Baptist Church Dadeville, Alabama. I understand that if a violation of church guidelines occurs, I will be notified, and may be required to pick my child up for such activity.

**I understand that this form is inclusive for all supervised Youth Ministry activities both on and off the church property and do hereby grant permission for my child to participate in said supervised events.**

Complete and sign below (Youth under 18 years of age requires Parent/Legal Guardian signature)

Parent/Guardian Signature \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_

Who (other than parents) is allowed to pick up this child?

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_