

Name of Participating Child _____
 Name of Parents / Legal Guardians _____
 Address _____
 City _____ State _____ Zip _____
 Cell Phone _____ Home Phone _____
 Work Phone _____
 Date of Birth _____ Age _____
 Email of Parent / Legal Guardian _____
 School _____ Grade _____

Functions and Activities

I understand that participating in programs, recreation, and other activities of Cool Springs Baptist Church is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, but not limited to, 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.

Initial _____

Release of Liability

By signing this Permission and Waiver Form, I expressly warrant that this child named above is capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. 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 the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Initial _____

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. Cool Springs will make every effort to contact me or alternate contact given in the event of an emergency. If we cannot be reached, or if immediate attention is needed, I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above including but not limited to x-ray, anesthetic, medical, surgical, dental diagnosis/treatment, or hospitalization, if in the agent's opinion such need arises.

As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care of treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as secondary insurance. I also understand that I will be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child, including but not limited to transportation costs should it be necessary for my (our) child to return home due to medical reasons, or otherwise.

Initial _____

Medical Information

Medical Doctor _____

Phone Number _____

Insurance Carrier _____ Phone Number _____

Policy Number _____ Group Number _____

Policy Holder _____

Name _____ Relation _____

(attach photocopy of insurance card front and back)

Medical History: (Include special medical needs or concerns such as asthma, allergies, conditions, dietary needs, medications, etc.)

Other Information: (Include other Information that leaders should know about your child.)

Date of Last Tetanus _____

Emergency Contacts (other than Parent)

Name _____ Relation _____
Phone 1 _____ Phone 2 _____

Name _____ Relation _____
Phone 1 _____ Phone 2 _____

Consent to Photograph

I hereby grant Cool Springs Baptist Church right to use and publish photographs or other images of my child, or in which my child may be included, in any print, electronic, digital or other media; and to alter the same without restriction. I release Cool Springs Baptist Church from any expectation of confidentiality for the child named above and attest that I am the parent or legal guardian and that I have the authority to authorize Cool Springs Baptist Church to use photographs of my child and his/her name. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these images. I irrevocably assign such images' rights and uses to Cool Springs Baptist Church into perpetuity. I hereby release Cool Springs Baptist Church and its legal representatives and assigns from all claims and liabilities relating to said images.

Exclusions will include: _____

Initial _____

Consent to Contact

I hereby authorize Cool Springs Baptist Church to contact me and/or the child named above about future church events such as Vacation Bible School, Family Outreach events, SURGE, or special services.

Initial _____

Youth Covenant (For 6th through 12th Grade)

I agree to conduct myself in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I understand that my agreement holds me responsible to these things and the consequences thereof. I agree to participate in the functions and activities of Cool Springs Baptist Church, to cooperate with the leaders and other young people, and to conduct myself as a Christian. By signing this covenant, I understand that action will be taken and I am subject to be sent home if I partake in any of the following activities: any illegal activity, not following the rules and guidelines of camp/attending organization if applicable, disrespect for authority, or any other activity that adult leaders deem inappropriate. If it becomes necessary for me to be sent home early from an event, this will be done at my parents' expense. I understand that my continued participation in church activities depends on my support of this agreement. I covenant to strive to make each activity/trip/retreat the best it can be.

Signature _____ Date _____

For use in the Participant of Minor

I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above Permission and Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of this church, including any special events/activities described above. I hereby consent to the Permission and Waiver for, including the Release of Liability above, on behalf of the child, and agree that this Permission and Waiver Form shall be binding upon me and my estate. I realize that if my child breaks the covenant, he or she is subject to be sent home at my expense.

Parent / Legal Guardian

Print Name _____

Signature _____ Date _____

Witness _____

Signature _____ Date _____