

Permission Form

Park Road Baptist Church

_____ has my permission to participate in the following activities which are being sponsored by Park Road Baptist Church, Charlotte, North Carolina on the dates indicated:

Description of Activity: Youth activities between September 18, 2011 – September 17, 2012

Please mark any and all activities your child may participate in throughout the year.

<input type="checkbox"/>	All trips
<input type="checkbox"/>	Corn Maze Trip
<input type="checkbox"/>	Youth Activities and Programs on Wednesday and Sunday Evenings
<input type="checkbox"/>	Super Bowl Party
<input type="checkbox"/>	Progressive Dinner
<input type="checkbox"/>	Lock Ins
<input type="checkbox"/>	Mission Projects and Community Service Projects
<input type="checkbox"/>	Sunday School Activities
<input type="checkbox"/>	Youth Retreats
<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Concerts
<input type="checkbox"/>	Youth Camp
<input type="checkbox"/>	Mission Trip
<input type="checkbox"/>	Day at the Lake
<input type="checkbox"/>	Vacation Bible School
<input type="checkbox"/>	30 hour famine

Sponsoring Staff Members and Advisors: Staff of Park Road Baptist Church, parents, and youth committee members.

Medical Information*

Knows how to swim	Y	N
Tetanus shot up to date (include date)_____	Y	N
Any reaction to insect bites	Y	N
Asthma	Y	N
Any reaction to sun/sunburn	Y	N

*The above medical information, and any other medical information we need to be aware of, may be delivered to us in a **confidential** envelope. Please include a copy of your insurance card – both front and back.

Name of Medical Insurance Co. _____
Policy Number _____
Participants SS # _____
Family Physician _____ Phone # _____

Please notify us concerning medications, allergies, or other special needs. You may do so below or in a **confidential** envelope. Please make sure to list all medications taken, the dosage amount, and how often it is taken.

In case of emergency, I can be reached at the following number: (H) _____
Mother Work# _____ Cell Phone# _____
Father Work# _____
Home Address _____

I understand that good behavior is an important part of any successful outing. If my child's behavior is deemed inappropriate by the group leader, I agree to take care of the expenses of my child's return home before the end of the named activity.

NOTIFY CHURCH OF ANY CHANGES

SIGN ON REVERSE SIDE

WAIVER AND MEDICAL AUTHORIZATION FORM
RELEASE, WAIVER, AND INDEMNITY AGREEMENT IN REGARD TO PARTICIPATION BY
MINORS IN ALL CHURCH SPONSORED ACTIVITIES

I have consented to participation by my son/daughter in the Church sponsored activity described in the accompanying PERMISSION FORM. In consideration for my son/daughter being allowed to participate in the activity, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or legal representative, could possibly have against Park Road Baptist Church, Charlotte, North Carolina, the Pastors, the Minister with youth and children, Youth Leaders, the employees, or church members which arise out of, or relate to, my son/daughter's participation in this activity. By signing below, I am agreeing individually, and on behalf of any person who might claim a right as follows:

1. My child/children, my spouse, and I **release** Park Road Baptist Church, its Pastors, Minister with Youth and Children, Youth Leaders, employees, and church members, and **waive** any claim for injury, disability, disease, death, or property damage which results from my child/children's participation in the church sponsored activity described in the PERMISSION FORM. This release specifically covers and **releases** any and all claims against Park Road Baptist Church, its Pastors, Minister with Youth and children, Youth Leaders, employees, and church members for their own negligence.

2. I agree, and hereby bind my estate, to **indemnify** Park Road Baptist Church, its Pastors, Minister with Youth and Children, Youth Leaders, employees, and church members against any claim by me, or by my spouse, or by my child/children, or by a legal representative, or by any third party which relates to, or in any way arises out of my child's/children's participation in the church sponsored activity described in the PERMISSION FORM, including any costs or attorneys' fees which are incurred by them.

3. I assume any risks and hazards incident to my child's/children's participation in this activity and consent to full participation by my child/children.

4. I further authorize Park Road Baptist Church, its Pastors, Minister with Youth and Children, Youth Leaders, employees, and church members to furnish my child/children with **emergency medical care** or to obtain the same from the medical professionals in the event that the staff, in their judgment, deem the same to be need for my child/children. The authorization includes, but is not limited to the following procedures to be conducted by licensed professionals: examinations, x-rays, anesthetics, diagnostic and medical procedures including surgery, if necessary. I further agree to pay for this medical care furnished to my child/children or to reimburse Park Road Baptist Church for this medical care.

Parent or Legal Guardian

Date

If you have any further questions, please call the Church Office at 704-523-5717
