

# First Baptist Church, Darien, GA - Youth Ministry Permission Form

Almost all of the activities carried out by the Darien First Baptist Youth Ministry are well planned and announced well in advance. There are rare occasions we will do things without planning such as going out to eat. This Permission Form covers all activities of duration up to and including a one-night outing.

Transportation: In most cases, Adult Youth Workers will transport teens in their personal vehicles and be the only adult in the vehicle. On rare occasions a 15-passenger van may be rented and driven by an Adult Youth Worker(s). Approved Teens may transport themselves and/or a relative without adult supervision.

**I hereby give permission for my child to participate in all of the activities of the Darien First Baptist Church Youth Ministry (unless otherwise indicated) for the 2016 Calendar Year as typically represented with the activities listed below. I hereby acknowledge and accept the risks of physical injury associated with participation in the activities of this ministry. I understand these activities will be supervised by an adequate number of Adult Youth Workers. Except for gross negligence on the part of the Darien First Baptist Church or its representatives – I accept personal financial responsibility for any personal injury sustained during these activities and I promise to hold Darien First Baptist Church and its representatives harmless for any injury related to the activities.**

Beach/Lake/River Trips  
Swimming or Hiking  
General Water Sports  
Canoeing, Rafting, Tubing  
General Day Trips, Sightseeing  
Shopping Trips  
Camping Overnight, Picnics  
Roller Skating, Bowling  
Group Game Events  
Hayrides, Bon Fires, Cookouts  
Go Carts, 4-Wheelers  
Amusement Parks  
Door-to-Door Visitation  
Racquetball, Wall ball  
Lock-ins

Dodge Ball, Volley Ball,  
Boating, Canoeing  
Rafting, Tubing  
Basketball, Baseball, Softball  
Football, Frisbee, Golf  
Bouncy Room, Trampolines  
Zoo, Fairs, Festivals  
Cooking/Baking, Sewing  
Laser Tag, Paintball  
Christmas Caroling  
Cottage Prayer Meetings  
Capture the Flag, Putt-Putt  
15-passenger van rides  
Friday Night Live Game Nights  
Association Youth Rally's

Association Game Events  
Leaf Raking, Horseback Riding  
Video Games, Ice Skating  
Fishing, Gun Safety Events  
Bow & Arrow Safety Events  
Scavenger Hunts  
Nursing Home Visits  
Track and Field Events  
Appropriate Movies  
Tug-of-war, Egg Toss  
Water Balloon Toss  
Food Fellowships  
Youth Fellowship After Church  
General indoor Games

WE HEREBY CERTIFY THAT WE HAVE READ AND UNDERSTOOD THE ABOVE:

Child's Name: \_\_\_\_\_ (Print Name)

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

NOTARY PUBLIC \_\_\_\_\_

SIGNED OF THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

MY EXPIRATION EXPIRES \_\_\_\_\_

(NOTE: If parent is accompanying child, notary not necessary)

NOTICE:

(Other forms on code of conduct may require the signature of parent and child/youth participating)

Please fill out the medical information on the back of this form.

Name of Child/Youth: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Is there a history of Heart Conditions: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Epelipsy: \_\_\_\_\_ Rheumatic Fever: \_\_\_\_\_

If yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any physical restricitons: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is your child taking any medications at the present time? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please list below

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

Medication should be dispensed by an adult only: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Parent's Initials: \_\_\_\_\_

Medication may remain with child/Youth: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Parent's Initials: \_\_\_\_\_

*This may depend on rules of camp or event*

Parent's Signature: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ (If applicable)

**PARENT INFORMATION**

Home Ph: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ ID: \_\_\_\_\_ Ph: \_\_\_\_\_

Please attach a copy of your insurance provider's card, front and back