

First Baptist Church
2501 Highway 70 East
Dickson, TN. 37055
(615)446-4640

Activities Participation Agreement
For CHILDREN

2018--2019 School Calendar of Activities & Events

**** (A copy of insurance card is required) ****

GENERAL INFORMATION: (Please Print)

T-Shirt Size _____

NAME: _____ Sex _____

Birth Date _____ Age _____ Grade _____ Special Needs _____

Name of parents/guardians: _____

Address _____ City _____ ST _____ Zip Code _____

Phone # Cell (_____) _____ Home if different (_____) _____

Work (_____) _____ e-mail address: _____

Emergency Contact Person: Parent/Guardian: _____

Phone #Cell (_____) _____ Work (_____) _____ Home (_____) _____

Alternate Contact: Someone near Primary Contact _____

Phone # (Cell) (_____) _____ Work (_____) _____ Home (_____) _____

Medical Information:

Primary Physician's Name _____ Phone No. (_____) _____

Insurance Information:

***If covered by state provided health care, please provide your child's Social Security number for the Subscriber ID.**

Insurance Company Name: _____ Name on card: _____

Insurance Telephone No. _____ * Subscriber ID _____

Group No. _____

(Continue on reverse side)

If you should require medical attention for injuries received or illnesses to the various activities, please

provide us the necessary information for proper medical care during the activities.

Describe: _____

Medications that must be Taken and Dosage _____

Any Allergies? _____ Allergic to any medication? _____

Please list medications _____

- 1. No alcohol, tobacco, or illegal drugs permitted.
 - 2. Attendance at meetings mandatory.
 - 3. No violence (physical, emotional, or verbal) toward others.
 - 4. No guys in girls' sleeping quarters & vice versa*
 - 5. Follow curfew.
 - 6. No profanity.
 - 7. No bullying or cyber-bullying
 - 8. No purposeful disruption during our events.
- *(We reserve the right to limit physical interactions between guys and girls.)

Participant/Parent Release Statement:

I have reviewed the information and give my permission for the subject of this release to be involved in and transported to and from the overall activities for Children's Ministries of First Baptist Church, Dickson during the 2018-2019 calendar school year.

I/we have reviewed the rules of the activity and agree that the subject of this release will abide by them. I/we also acknowledge that if the subject of the release has to return home early for discipline violations, it will be my/our expense.

I/we consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release during the activities/events to be used, distributed, or shown as First Baptist Church sees fit.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for the subject of this release as deemed necessary.

I/we understand all reasonable safety precautions will be taken at all times by First Baptist Church and its agents during the events and activities. I acknowledge that participation in this year's activities involve risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in this year's "Activities", the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activities. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activities or during transportation to and from the Activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Parent/Guardian Signature _____

(Please sign in front of a notary)

STATE OF _____

COUNTY OF _____

Witness my hand and official seal this _____ day of _____, 20 _____

Notary Public

My Commission Expires: _____