

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

Information & Release Form  
For **STUDENT'S**  
**2015** Calendar of Activities & Events

**A copy of medical insurance card is required**

**GENERAL INFORMATION:**      PLEASE PRINT      T-Shirt Size \_\_\_\_\_

**NAME:** \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone # Home (\_\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_\_) \_\_\_\_\_

**Emergency Contact Person:**

Name: \_\_\_\_\_

Phone #Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

**Alternate Contact:**

Someone Near Primary Contact \_\_\_\_\_

Phone # (Home) (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

**Medical Information:**

Primary Physician's Name \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_

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? \_\_\_\_\_

If so, please list medications that you are allergic to:  
\_\_\_\_\_

**Participant Information & Code of Behavior Agreement:**

Rules of behavior expected of each participant

- |  |                   |
|--|-------------------|
| 1. No alcohol or drugs permitted.                    | 4. Follow curfew. |
| 2. Attendance at meetings mandatory.                 | 5. No tobacco.    |
| 3. No guys in girls' sleeping quarters & vice versa. | 6. No profanity.  |

**Participant/Parent Release Statement:**

I have reviewed the information and give my permission for the subject of this release to be involved in the overall activities of the Student Ministries of First Baptist Church, Dickson during the 2015 calendar 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/we understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/we agree not to hold First Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this release.

**Participant or Parent Signature** \_\_\_\_\_

(Please sign in front of a notary)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Personally appeared before me and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_