

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

**Activities Participation Agreement**  
**FOR "STUDENTS"**

**2019-2020 School 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 \_\_\_\_\_ Special Needs \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Work (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contact Person:** Parent/Guardian: \_\_\_\_\_

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

**Alternate Contact:** (Someone Living Near You) Primary Contact \_\_\_\_\_

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

**Medical Information:**

Primary Physician's Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

**Insurance Information:**

**\*\*IF you have State Issued Medical Insurance, please give your student's Social Security Number in place of a Subscriber ID.**

Insurance Company Name: \_\_\_\_\_ Name on card \_\_\_\_\_

Insurance Telephone No. \_\_\_\_\_ **\*\*Subscriber ID** \_\_\_\_\_

Group 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 medications? \_\_\_\_\_

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

Rules of behavior expected of each participant

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 any event.

**\*(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 Student Ministries of First Baptist Church, Dickson during the 2019-2020 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 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.

**Participant Signature** \_\_\_\_\_

**Parent/Guardian 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: \_\_\_\_\_