

2017-2018 Youth Ministry @ CBCSJ

PARENT PERMISSION / AGREEMENT FORM

Dear Parent(s),

Please complete and sign this form, which will grant permission for your child to participate in our Youth Ministry events from September 2017-August 2018. Throughout the year, you may also be asked to sign other forms for special events and/or outings, as required by our community partners.

Thank you!
Pastor Simon

STUDENT GENERAL INFORMATION							
Full Name:	Last		First			Middle Initial	
Birthdate:	MM/DD/YY		Age:		Gender (Please circle one): M / F		
Address:	Street Address					Apartment/Unit #	
	City			STATE		Zip code	
Phone (H):	()		Phone (Cell):	()			
E-mail:							
School:							
Please check grade:	<input type="checkbox"/> 6 th	<input type="checkbox"/> 7 th	<input type="checkbox"/> 8 th	<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th	<input type="checkbox"/> 11 th	<input type="checkbox"/> 12 th
Accepted Christ: Yes / No	If YES, when?		Baptized: Yes / No		If YES, when?		

PARENT(S) INFORMATION							
FATHER's/Guardian Name:				Email:			
Phone (H):	()		Phone (C):	()		Phone (W):	()
I CAN HELP BY:	<input type="checkbox"/> Teaching Sunday School		<input type="checkbox"/> Being a Mentor		<input type="checkbox"/> Committing to Pray		
<input type="checkbox"/> Driving for Special Outings		<input type="checkbox"/> Being a Chaperone for Special Outings			<input type="checkbox"/> Other _____		
MOTHER's/Guardian Name:				Email:			
Phone (H):	()		Phone (C):	()		Phone (W):	()
I CAN HELP BY:	<input type="checkbox"/> Teaching Sunday School		<input type="checkbox"/> Being a Mentor		<input type="checkbox"/> Committing to Pray		
<input type="checkbox"/> Driving for Special Outings		<input type="checkbox"/> Being a Chaperone for Special Outings			<input type="checkbox"/> Other _____		

MEDICAL INFORMATION

Medications currently taken (Pharmacy label preferred or must send written instructions by parent or guardian):		
Activity restrictions / Additional Notes:		
Emergency Contact 1 (Name & Relationship):	Phone (H):	()
	Phone (C):	()
Emergency Contact 2 (Name & Relationship):	Phone (H):	()
	Phone (C):	()

Medical Insurance Carrier:	
Policy No.	

PARENT LIABILITY RELEASE FORM FOR MINOR PARTICIPANT

I, [Name of Parent or Guardian] _____, being the parent/legal guardian of [Name of Minor] _____, hereby give permission for the said minor to attend and participate in all Youth Ministry activities and events organized by Community Baptist Church of San Jose.

I do hereby release, absolve, indemnify and hold harmless the said church, the organizers, sponsors, and supervisors from any and all loss, injury, or other damage to us or the above-named youth arising out of the trip. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. In case of injury to my child, we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities.

Furthermore, I give permission for any adult/ employee/volunteer of CBCSJ in whose care said minor child has been entrusted, to seek emergency medical care for my child at a nearby hospital or medical clinic in the event of illness or injury. I, the parent/guardian, will assume any and all financial responsibility for such emergency medical care.

Photography and videotaping may take place at or around activities and events for record and for future event promotion. By signing, I also give consent to CBCSJ to use any photos or videos that includes me or my child for its publication, promotion, or records.

X _____
 Parent/Guardian Signature _____
Date

Please contact the church office or Pastor Simon immediately if any of the above information changes during the year.