

This form must be completed and returned before participating on any Youth Trip.



Permission

I, _____, do hereby give my permission for my son/daughter, _____ to go on any Youth Trip from September 1 of 2015 through August 31, 2016. I release **Bluewater Baptist Church**, and the sponsors of this event from liability for any accident that may occur during the event, or while travelling to, from, and during youth trips. It is my understanding that these trips and activities are approved by the church and will be appropriately chaperoned by adult leaders and parents.

Additionally, in the event that my teen becomes ill or sustains an injury during one of these trips, I give my permission to those in charge to take the necessary steps in administering proper medical treatment. In the event that I cannot be reached by phone, I consent to the administration of treatment to be rendered to my teen upon the advice of a duly-licensed physician and/or surgeon.

I understand that I am giving permission for my teen to engage in these trips and all activities, and I will not hold the staff at **Bluewater Baptist Church**, or sponsors responsible for any incident occurring to my teen resulting from reasonable activities during these events.

Signature of Parent or Guardian: _____

Relationship _____ Date _____

Phone #: Work _____ Home _____

Email Address of Parent(s): _____

by providing your email address, you give Bluewater Baptist Church consent to send you emails.

If parent/guardian cannot be reached in case of emergency, please call:

Name _____ Relationship: _____

Phone Number: _____

STUDENT INFORMATION

LAST NAME: _____ FIRST NAME: _____ (M) (F)

BIRTHDATE: _____ / _____ / _____
DAY MONTH YEAR

GRADE: _____ SCHOOL: _____

HOME ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ CELL PHONE: _____

STUDENT EMAIL ADDRESS: _____

Media Consent

By signing below you are giving consent that leadership can have communication with your student via Facebook, Twitter, Snapchat, Instagram, texting and any other forms of social media.

Parental Consent: _____

By signing below you are giving consent for pictures & videos to be taken and used for promotional purposes for Bluewater Baptist Church and on social media.

Parental Consent: _____

Medical Info

HEALTH CARD #: _____

Emergency Contact Number: _____

(Prescribed Medication):