

**Foothills Baptist Church
Youth Permission and Release Form 2019 - 2020**

_____ (“my child”) has my permission to attend events and trips with the students, staff and volunteer sponsors Foothills Baptist Church, Las Vegas, Nevada (“the church”). My child has my permission to ride to and from church events with sponsors from the church and to be transported to off-campus church events by the church’s sponsors.

I release Foothills Baptist Church, its staff, and its sponsors from any and all liability incurred from any unforeseen accident or incident involving my child. In the event that my child is injured, becomes ill or involved in an accident while participating in a church event, I understand that staff or sponsors will seek medical attention for my child, contacting me as soon as possible, and that I will be financially responsible for medical treatment.

I also understand that improper conduct by my child or the lack of adherence to the church’s rules may result in my child not being permitted to participate in other church events or trips. The church has the right to request that the parents or guardians pick up their child from any event early if rules are broken and I am responsible for all costs associated with picking up my child early.

Foothills Baptist Church also has my permission to take photos and/or video footage of my child during its events and trips. I give the church permission to post photos and videos of my child taken at Foothills events on the closed Facebook page hosted by Foothills’ Youth Ministry and to include said photos and videos in church presentations. I understand that Foothills will ask for parental permission if my child’s photo or video is to be used online in any other way. (If permission is not granted, please note the reasons/details below.)

This permission form will cover all events and trips held between September 1st, 2019 and August 31st 2020.

Parent Signature

Date

Parent Information (please print)

Custodial Parent Name(s): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Insurance Information: _____

Student Information (please print)

Name: _____ Birth Date: _____ Grade: _____

Address: _____

Cell Phone: _____ Email: _____

Please note any medical information which would be helpful to sponsors:
(i.e., allergies, medications to avoid, current medications, disabilities, etc.)

_____ Date of last tetanus shot: _____