

Permission/Release Form for Youth Events



Friday, February 3, 4:30 PM to Sunday, February 5, 4:30 PM

Permission Slips Due by Wed., Jan 11

COST \$75 Make checks payable to FBC

Teen's Last Name First Middle Initial

____/____/____ _____
Birthdate Age

Parent/Guardian (if under 18 years of age)

Health Insurance Company

Address

Insurance Policy # Expiration Date

City State Zip + 4

Email

(____) _____ (____) _____
Home Phone # Emergency Phone #

Adult T-Shirt Size (Circle One): S M L XL 2XL

List any physical or health conditions that may affect you/your child's experience at camp including food allergies or dietary needs:

Are you or your child allergic to anything? If so, what action is required if exposed?

I certify that my child or I am in good health, free from communicable diseases, and is able to participate in all camp activities unless noted. In case of medical and/or surgical emergency, I hereby give permission to the trained medical staff selected by the camp administration or sponsoring organization to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery for me/my child as named above.

I also understand that my/my child's participation in this activity can expose me/my child to dangers both from known risks and unanticipated risks. I hereby release and discharge First Baptist Church and Arrowhead Bible Camp, its officers, agents, and employees from any and all claims or liability for personal injury or property damage I/my child may suffer while participating in the activity.

Parent Signature

Date