



2017-2018

Cascades Baptist Church *Overflow Youth Ministry* Annual Overflow Registration & Permission Form

STUDENT INFORMATION:

Full Name:	D.O.B.:	Gender M F	Grade ('17-'18):
Home Phone:	Student's Cell Phone:		
Address:	City:	Zip:	
School:	Student Email:		

PARENT or GUARDIAN INFORMATION:

<i>RELATIONSHIP TO CHILD: Mother, Father, Other</i>	<i>RELATIONSHIP TO STUDENT: Mother, Father, Other</i>
Full Name:	Full Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Address:	Address:
City: Zip:	City: Zip:
Email:	Email:

EMERGENCY INFORMATION:

Student's Doctor:	Doctor's Phone:
Health Insurance Provider:	Health Insurance Phone:
Health Insurance Policy Number:	
Allergies, Conditions, Restrictions:	
Specific Medications and Instructions: <i>(All medications need to be specifically identified and administered under the supervision of youth leaders)</i>	
Emergency Contact (Other than Parent):	
Relationship to Student:	Phone:

_____ has my permission to participate in all Cascades Baptist Church youth group activities from June 1, 2017 to August 31, 2018.

This consent form gives permission to the Youth Ministry Leaders to seek whatever medical attention is deemed necessary, and releases Cascades Baptist Church and its youth ministry leadership team from any liability against any personal injury or losses in respect of my child.

I the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend any youth event organized by Cascades Baptist Church. I give permission for my student to be transported to and from activities by a licensed adult. I understand that there are inherent risks involved in any ministry or youth event, and I hereby release Cascades Baptist Church, its pastors, adult leaders, employees, agents and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is provided by a physician and/or hospital designated by Cascades Baptist Church, I agree to hold Cascades Baptist Church free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider or if I do not carry any health insurance. Further, I affirm that the health insurance information provided overleaf, if applicable, is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home from any event at my own expense should they become ill or if it is deemed necessary by the pastors or youth ministry leadership team.

I also agree to the following:

1. That the youth ministry leaders and pastors of Cascade Baptist Church stand in my stead in directing and protecting my student during any youth ministry event that this consent applies to and that my student should comply with all reasonable and lawful requests.
2. That students who do not follow the reasonable and lawful requests of the pastors and youth ministry leadership team may be required to return home from the event at my time and expense with no refund of any event fees.
3. That I will be available to collect my student at the time and location specified for collection, or that I will communicate specifically with the Youth Pastor who will be collecting them in my stead.
4. That this consent only pertains to the above student, and does not cover a student's visitor/friend. Such visitors and friends will be helped to fill out a registration form at the event which they attend.
5. That pictures of my student may be taken at any overflow event/meeting and those pictures may be posted on the church/youth group Facebook pages, the church/youth group websites, the Cascades Chronicle, and/or in advertisements for future youth group/church events.

(Parent/Guardian Signature)

(Date)