

Annual Permission Form

For participation in activities of Cherry Point Baptist Church

Effective Dates: _____ to _____

Full Name: _____ Birthday: _____

Age: _____ Grade _____ Email _____

Address _____ City _____ State ____ Zip _____

Home phone _____ Cell phone _____

Mother's Name _____ Work phone _____ Cell phone _____

Father's Name _____ Work phone _____ Cell phone _____

Emergency Contact _____ Work phone _____ Cell phone _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical Insurance Company _____ Policy # _____

Please attach a photocopy of insurance card

Medical History

<input type="checkbox"/> Asthma	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Kidney Trouble
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy/Seizure	<input type="checkbox"/> Stomach Trouble	<input type="checkbox"/> Other (please specify) _____

Allergies

Food _____ Insect stings/bites _____

Medication _____ Poison Oak/Ivy, ect _____ Other _____

Does the student wear

Glasses Contacts Dental Appliance

Previous Operations or Serious Illness:

Should this student's activities be restricted for any reason? _____

Student Conduct Agreement

All students participating in church events must adhere to the following:

- Follow travel guidelines at all times
- No possession or use of alcohol, drugs or tobacco
- Students may not drive or transport other students at any time
- No weapons, fireworks, lighters or anything else that explodes
- No offensive or immodest clothing
- Respect "Off Limits" areas at all times
- Group participation is expected
- Respect leaders, staff and fellow students
- Respect and comply with all event schedules

Students who fail to comply with these expectations may be sent home at their parents expense!

I understand the conduct agreement and agree to abide by this code of conduct:

Students signature _____ Today's Date _____

I understand the conduct agreement and if the youth minister sends my child home, I agree to come get my child immediately.

Parent signature _____ Today's Date _____

Parent's information and consent

There are times when the student ministry events/activities can be very strenuous, requiring a great deal of movement and exertion. If you desire to limit your child's participation in any event/activity, please submit your wishes in writing to the Youth Worker or Youth Volunteer Leader prior to the event.

_____ has my permission to attend all youth activities sponsored by Cherry Point Baptist Church from _____ to _____.

Having legal custody of the student named above, I give my consent to obtain medical attention deemed necessary by the Youth Staff, Adult Leaders or medical facility. I further understand that there are inherent risks involved in any ministry or event/activity and release the Church and its staff of any liability against personal loss.

I also acknowledge responsibility for the cost of any medical care not reimbursed by my health insurance provider.

I agree to reimburse all expenses for my child having to be returned home because of illness or disciplinary reasons.

Parent's Signature _____ Date _____

Promotion of youth activities

I grant permission for pictures or videos taken of my child while attending church activities or events to be displayed or used in future services or promotion.

Parent's Signature _____ Date _____

To and from church (sign if applicable)

In some cases, youth may arrive to church by walking over unattended by an adult. If this is applicable to you please sign below. By signing below, you are saying that you are aware of your child walking back and forth from the church unattended, understand the risks, and absolve the church of responsibility for your child when they are not with us.

Parent's Signature _____ Date _____