

PERMISSION SLIP / MEDICAL RELEASE FORM

Event: **Impact Youth Camp**

Date of Event: **Monday, June 17, 2019 - Friday, June 21, 2019 (Leader Retreat Fri 14th-Mon 17th)**

Cost: **\$255**

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

Phone # _____ Parent Phone # _____

Date of Birth: _____ Grade _____ School _____ Shirt Size _____

Name of Medical Insurance Plan: _____

Member Name _____

Group ID # _____

Member ID # _____

Phone # (for plan certification/authorization) _____

Release/Authorization:

I authorize the Student Ministry of First Baptist Church, New Braunfels Texas to obtain medical/ hospital treatment in the event of an emergency, and I understand that the Student Ministry of First Baptist Church, New Braunfels Texas will not be held responsible for any loss or damages that may result from said treatment. Participants will not consume drugs or alcohol; all participants will respect and obey Student Ministry guidelines and rules. In the event that the student does not follow rules and guideline, the Parent/Guardian will be called and will need to pick up the participant at the event location.

Signature of Participant

Date

Signature of Parent/Guardian

Date

I verify that I am the parent/legal guardian of the registrant. FBCNB has my permission to use photos/videos of my child during Impact Youth Camp to promote the ministry of FBCNB. Purposes include, but are not limited to, photos, videos, social media, eNewsletters, bulletin and inserts, handouts, and slide presentations. I will not hold FBCNB responsible for the use of my child's photo/video by FBCNB or another individual or party outside of FBCNB. I understand that if I select "Disagree" below, my child's photo must be taken upon check-in or provided beforehand so that FBCNB can identify and exclude my child's image.

Signature of Parent/Guardian

Date