

# Parent Permission Forms

## Disciplinary Agreement

### Disciplinary Agreement

I understand that while the minor listed below (child) participates in any church sponsored activity he/she is responsible to abide by the rules set forth by the church, its leaders, and sponsoring personnel. Any serious infraction of these rules by the youth can result in dismissal from the event or program. If my child is dismissed from an event, I agree to assume the cost of returning him/her home and of any damage to church property which may have been caused by my child. I also agree to indemnify the church and sponsors for any claims against them for physical injury, property damage or other type of claim arising from the actions or omissions of my child.

Parent/Guardian initials: \_\_\_\_\_

### General Rules:

I, \_\_\_\_\_ on this date \_\_\_\_\_ agree to abide by the following rules while participating in any event sponsored by Southridge Baptist Church.

1. I will not possess or use any drugs, alcohol, or tobacco products. If I take any prescribed medications, a parent/guardian will complete the Medical Emergency Liability Release form and I will provide it to the church sponsor BEFORE I participate in said events.
2. I will not possess any knives, fireworks, or guns of any kind.
3. I will put away any electronic device when told to by an adult leader.
4. I will not swear or participate in any 'off-color' conversations.
5. I will not bully, call names, or fight with other youth.
6. I will behave appropriately with members of the opposite sex at all times. I understand that public displays of affection including physical horseplay between genders will not be tolerated.

7. I will respect the authority of adult sponsors and event staff and follow their instruction.
8. I will dress modestly and agree to change into more modest attire if directed to by an adult sponsor.
9. I will respect the facilities and agree to pay for any damages I may cause.
10. I will arrive on time to scheduled events/sessions.

**Overnight Events:**

1. I understand that room assignments are final.
2. I will follow 'lights out' and curfew times.
3. I will remain in my assigned sleeping area until the morning wake-up call.
4. I will keep myself and my area clean.

**Parent/Guardian:**

I have read the rules my child is to abide by. I agree to these rules and am responsible to remove my child/ward/protectee from event premises if notified by an adult sponsor to do so. I agree that any serious infraction of these rules can result in dismissal from the event or program. I will pay for all expenses relating to the removal of my child from event premises.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian)

Printed Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Youth)

Printed Name: \_\_\_\_\_

# Parental Permission

## For Use Only if the Participant is a Minor

I represent that I am the parent/guardian of \_\_\_\_\_ (child) who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with its contents.

I give Permission for the child named above to participate in the activities of SBC, including any special events or activities described above. In consideration for allowing the participation of the child in the activities of SBC, I hereby consent to the Permission/Waiver Form including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon my child, me, our family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name of Parent or Legal Guardian: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Publicity**

On occasion SBC takes photographs or makes an audio or videotape recording of students and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual records may be provided to the media or members of the public or used in SBC publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting or special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed or displayed as agents of the church see fit. This consent includes, but is not limited to: photographs, videotapes, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# Medical Emergency Liability Release Form

## PARENTAL PERMISSION AND MEDICAL EMERGENCY

### LIABILITY RELEASE FORM

EVENT: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Home Address: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Other Emergency Contact Name and Number: \_\_\_\_\_

Family Dr./Pediatrician: \_\_\_\_\_

(Name, Address, Phone Number)

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Other important medical facts an emergency physician should know: \_\_\_\_\_

\_\_\_\_\_

### MEDICAL HISTORY

Asthma \_\_\_\_\_ Bronchitis \_\_\_\_\_ Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Hay Fever \_\_\_\_\_

Heart Trouble \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Sinusitis \_\_\_\_\_ Stomach Upset \_\_\_\_\_

Other: \_\_\_\_\_

Allergies: Food \_\_\_\_\_

Insect Stings/bite \_\_\_\_\_

Penicillin/other drugs \_\_\_\_\_

Poison Oak, Ivy, or Sumac \_\_\_\_\_

(Circle all that apply)

Special Dietary Needs: \_\_\_\_\_

Date and nature of previous surgeries or serious illnesses: \_\_\_\_\_

Are you able to take Tylenol or other aspirin like medications?: \_\_\_\_\_

Health Insurance Policy# \_\_\_\_\_ Toll Free # \_\_\_\_\_

Company/Group Name: \_\_\_\_\_

I authorize the provision of medical treatment for the minor listed above (child) if they become ill or injured while under church authority at any church sponsored activity and give my permission to the member of Southridge Baptist Church accompanying this youth (Sponsor) to obtain necessary emergency dental or medical attention in case of illness or injury to my child. I verify that the information provided above is complete and correct and do hereby release and forever discharge all sponsors of Southridge Baptist Church from any and all claims, demands, actions or cause of action arising out of any damage or injury to the child while participating in an activity sponsored by Southridge Baptist Church (SBC)

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Dated: This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, State of \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_

# SOUTHRIDGE BAPTIST CHURCH TRANSPORTATION INFORMATION & WAIVER

*(Please complete a form for each family member participating.)*

My student is allowed to ride the Southridge bus to attend Youth Activities on Wednesday nights and/or off-campus activities and events as necessary.

**PLEASE COMPLETE THE FOLLOWING (PLEASE PRINT):**

Student's name: \_\_\_\_\_

Age/Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*I hereby release, discharge, and hold harmless Southridge Baptist Church, its employees, volunteers, and other representatives from any claims arising out of or relating to any physical injury that may result while participating in events at Southridge Baptist Church, or while being transported.*

Signed: \_\_\_\_\_  
(Parent/Guardian)

**[Please advise the Youth Pastor or church office (635.6398)  
if your address or phone number changes.]**