

Lexington Baptist Church Student Ministry Participation Form 2018-2019 School Year

GENERAL INFORMATION

Full Name: _____ Male: _____ Female: _____ Shirt Size: _____
 Birthday: _____ Grade: _____ Age: _____ Student Cell Phone: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Student Email Address: _____
 Mother's Name: _____ Mother's Phone: _____
 Father's Name: _____ Father's Phone: _____
 Parent's Email Address: _____

MEDICAL RELEASE INFORMATION

Student Physician's Name: _____ Physician's Phone: _____
 Emergency Contact: _____ Phone: _____

Please note any significant medical or physical conditions, medications being taken, or important facts about the health of your students:

Please list any allergies your student has: _____

PARENT PERMISSION FOR STUDENT PARTICIPATION AND LIABILITY RELEASE

I give permission for my child to be photographed or videotaped for resulting pictures/videos to be used in reports, publicly, locally and on the LBC website. Check one: Yes No

I, the undersigned parent/guardian of _____ do hereby give permission for my student to participate in student ministry functions and understand that can include transportation. In the event that emergency medical treatment is required, I hereby authorize the sponsor(s) to obtain such treatment. My signature below acknowledges that I understand that I have agreed to assume all risk and responsibility with respect to any involvement of my student in the activities of Lexington Baptist Church.

Parent/Guardian Signature: _____

Date: _____

Before me, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Notary Signature: _____

Commission Expires: _____

