

Name of Participant: \_\_\_\_\_

## Participant Form for Violet Baptist Church

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact Information

Parent/Guardian Name: \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Additional Emergency Contact:

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

### Insurance & Medical Information

#### Medical:

Doctor's Name: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_  
Doctor's Office Phone: \_\_\_\_\_  
Medical Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Insurance Company Phone #: \_\_\_\_\_

Allergies to medication/other: \_\_\_\_\_  
Any significant medical information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Dental:

Dentist's Name: \_\_\_\_\_  
Dentist's Address: \_\_\_\_\_  
Dentist's Office Phone: \_\_\_\_\_  
Dental Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Insurance Company Phone #: \_\_\_\_\_

### Other Information

Swimming Ability: Non-Swimmer  Beginner  Moderate  Advanced

List any other information leaders should know about child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Permission For Medical Treatment, Release & Indemnity, Photo/Video Consent**

I hereby represent that I am the parent or legal guardian of \_\_\_\_\_, who is under 18 years of age. As the parent or legal guardian of the above-named child, in the event reasonable attempts to contact me have been unsuccessful, my permission is granted for the church official or staff, event director, or adult present or in charge of First Aid, to obtain necessary medical attention in case of illness or injury to my child. I also consent for (1) the administration of any treatment deemed necessary for my child by a duly licensed Doctor of Medicine or Doctor of Dentistry; and (2) transfer of my child to any hospital reasonably accessible.

I fully understand and acknowledge that there are certain risks associated with activities, both known and unknown, including, but not limited to, risks of physical injury due to activity and transportation related accidents, illness, or even death, and I hereby agree to release, hold harmless, indemnify, and defend Violet Baptist Church and its pastors, ministers, leaders, employees, volunteers, and agents from any claim that my child, family, or I may have against them arising out of or related in any way to my child's participation in this activity.

Also, I understand that as a participant, my child may be photographed or videotaped during normal event activities and these photos/videos may be used in print, video, and digital media. I agree that these images may be used by Violet Baptist Church for a variety of purposes and that these images may be used without further notifying me.

The above information is accurate and complete, to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date

**Young Person's Agreement**

I agree to participate in the functions and activities of Violet Baptist Church, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, other people, property, and myself. I understand that my continued participation in Violet Baptist Church activities depends on my support of this agreement.

\_\_\_\_\_  
Signature of Young Person

\_\_\_\_\_  
Date