

STUDENT PARTICIPATION FORM

JACKSON MEMORIAL BAPTIST CHURCH
4316 Bruce Road, Chesapeake, VA 23321
757•484•5568 (office) / 757•484•5804 (fax)
Email: office@jacksonmemorial.org

PARTICIPANT INFO

Participant

Name _____ Gender Male _____ Female _____
Age _____ Date of Birth _____
Address _____

Father / Guardian

Name _____
Home Phone _____
Business Phone _____
Cell Phone _____
Email _____

Mother / Guardian

Name _____
Home Phone _____
Business Phone _____
Cell Phone _____
Email _____

Emergency Contact (Other than Parents)

Name _____ Relationship to Child _____
Home Phone _____ Cell Phone _____

Medical History / Current Information

Attach a copy (front & back) of your insurance card to this form.

List Any Medical Conditions We Should Be Aware Of

Immunizations Current _____ Yes _____ No
Allergies _____ Medication _____ Food _____ Insect Bites/Stings
My child can take _____ Tylenol _____ Advil _____ Ibuprofen _____ Benadryl _____ Other

CODE OF CONDUCT

All participants are expected to abide by the following guidelines of conduct:

- Adhere to instructions / security procedures / curfews established by staff, leaders, chaperones, etc.
- Be responsible for your own behavior / attitudes
- Ensure safety for yourself and others by not bringing weapons, explosives, or fireworks of any kind
- Participate fully in all scheduled activities
- Refrain from using any offensive language and the wearing of immodest clothing
- Respect your body by refraining from bringing, using, buying, or acquiring tobacco, alcohol, drugs, or any other harmful substance
- Respect others by doing unto them as you would have them do unto you (honor their need for sleep, refrain from harmful practical jokes, etc.)
- Respect the privacy of others by not entering areas that are off limits (no males in female sleeping areas and no females in male sleeping areas)
- Respect all property (such as facilities, vehicles, etc.)

I understand if a disciplinary situation occurs, my parents / guardians may be contacted and I may be sent home at my parents / guardians expense. I further understand that disciplinary action will be decided by the staff member or leader in charge.

Participant Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

AUTHORIZATION

I, the undersigned, have legal custody of the student named below, a minor, and have given our consent for him / her to attend events / activities / trips planned, organized, or coordinated by Jackson Memorial Baptist Church ("Church"). Activities / events may include, but are not limited to Life Groups, Bible Studies at church or in homes, local mission projects, cookouts, swimming, skiing, lock-ins, basketball, roller skating, ice skating, concerts, amusement parks, biking, soccer, dodge ball, volleyball, softball, camping, hiking, hayrides, retreats, parties, etc.

My child has permission to ride in church vehicles, vehicles leased / rented by the church, and / or private vehicles of adults involved with the children and / or youth.

Should any claim be asserted by any person as the result of the acts of my child while participating in the course of activities provided by the Church, or traveling to or from such activity, I agree that full responsibility will remain with me as the parent / guardian and I agree to indemnify and hold the Church harmless from any claims, including attorney fees and costs incurred by the Church in defense thereof.

I **understand** that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its ministers, employees, agents, and volunteer workers from any and all liability for any loss, damage, harm or injury to person or property that may occur during the course of my child's involvement.

I **grant permission** for my child to be photographed and/or videotaped while participating in events / activities / trips planned, organized, or coordinated by Jackson Memorial Baptist Church, 4316 Bruce Road, Chesapeake, VA 23321. Furthermore, I also give permission for the photos and/or video to be utilized in materials (including the church website) for promotional purposes as long as my child are not identified by name. I also agree to hold harmless the above named parties for any loss or injuries arising from the process of acquiring the media or from its use.

I **affirm** that the health insurance information provided is accurate at this date. If changes occur, I understand it is our responsibility to report and provide updated information to the Church.

In the event that my child is injured and / or requires the attention of a doctor, and the emergency contact cannot be reached, I consent to have any adult leader and/or church official from Jackson Memorial Baptist Church to obtain any medical treatment deemed necessary. I also verify that the information given is correct and hereby release and forever discharge all sponsors, Jackson Memorial Baptist Church, its employees and members from any and all liability, claims, demands, actions or cause, past, present or future arising out of any damage or injury while traveling to, participating in and returning from events/activities of Jackson Memorial Baptist Church. I also acknowledge and understand that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be covered or reimbursed by our health insurance provider(s).

Name of Child

(Parent / Guardian Signature)

(Parent / Guardian Printed Name)

(Date)

(Parent / Guardian Signature)

(Parent / Guardian Printed Name)

(Date)

This authorization is valid through December 31st of year this form was signed, dated, and notarized.

NOTARY INFORMATION

City/County of _____

On this _____ day of _____, 20____, _____ personally

appeared before me, and in my presence executed the within and foregoing permission and release form.

NOTARY STAMP

Notary Public _____

Notary Registration Number _____

My Commission Expires _____