

Lexington Baptist Church Student Ministry Participation Form 2024

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 INFORMATION

Student Physician's Name: _____ Physician's Phone: _____
Emergency Contact: _____ Phone: _____
Is your student covered by family medical/hospital insurance? Yes No
If so, indicated carrier or plan name: _____ Group #: _____
Policy Holder's Name: _____ Relationship to patient: _____
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

Medical and Surgical Waiver:

I am the parent and/or legal guardian of _____ and hereby acknowledge that he/she is under my care, custody, and control. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to the Lexington Baptist Church staff, its representatives, sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstance. I, the undersigned parent and legal guardian of above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless Lexington Baptist Church or its representatives, the sponsors, or any attending physician, from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

Property Damage, Transportation for Disciplinary Reasons and Personal Property Searches:

I also assume financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons. I also give my permission to the Lexington Baptist Church staff, its representatives, and the adult sponsors and chaperones to search my child's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary for security reasons.

Insurance Changes:

I also understand that it is my responsibility to notify the church of any changes in my insurance information.

Photo/Video Release:

I also agree that pictures and/or video may be taken of my student, _____. I grant Lexington Baptist Church permission to use pictures and/or video of the above-named student as they see fit without further permission or compensation. Permission is granted unless a signed statement is on file with the church office stating otherwise.

Disclaimer:

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the church cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

**Note: We will follow all recommended CDC guidelines regarding the COVID-19 virus.

Parent/Guardian Signature: _____ Date: _____