

You have one life to live...Don't miss out!



Faith Baptist Church



Youth Ministry

Name: _____

Address _____

Zip _____ Phone No. _____

E-Mail: _____ Cell No. _____

Grade _____ and Age _____

School you attend _____

Parents Names: _____

_____ has my permission to attend Disciple Now January 29th - 31st 2010, starting with *the Kick-Off meeting Friday, January 29th at 7:00 at Faith Baptist Church in the Youth Wing.*

I can be reached at _____ or _____

Parent Signature _____

Consent for Treatment & Release From Liability

I hereby give permission for all necessary medical treatment to be rendered to my child, _____. I understand that such treatment shall be rendered according to need and as soon as needed. I also understand that it may not be possible to contact me prior to this treatment being rendered, but that I am to be notified as soon as possible.

I hereby release Faith Baptist Church, its agents, and any medical personnel involved in treatment, from all liability as a result of any lasting effects of such prudent and necessary medical treatment.

I hereby agree to be financially responsible for any and all medical treatment rendered as deemed necessary by Faith Baptist Church and/or its agents.

Insurance Carrier _____

Policy Number _____

Precertification Number (if necessary) _____

Medical Information and History

Known drug allergies: _____

Pre-existing medical conditions: _____

Regular medications: (Please list any additional medicines and directions for taking)

Signature of Parent or Guardian _____

Date _____

Time Away Card

I will need to leave Disciple Now:

Friday

From _____ (time) to _____ (time)

Saturday

From _____ (time) to _____ (time)

Sunday

From _____ (time) to _____ (time)

For The Following Reasons:

Youth Signature: _____

WILL YOU NEED TO DRIVE YOUR OWN VEHICLE?

WHO WILL PICK YOU UP? _____

Disciple Now Host Signature: _____

Parent Name: _____ Phone Number: _____