

**MIDDLE SCHOOL AND SENIOR HIGH FELLOWSHIP
KICK-OFF PARTY AT THE LAKE
SUNDAY, September 15th, 2024
12:30 p.m. – 4:30 p.m.**

Participant's Name: _____

Participant's Address: _____

Health Insurance Company: _____

Policy #: _____ Parent/Guardian Name and Phone #: _____

Participant DOB (MM/DD/YYYY): _____ Age: _____ Height: _____

Does the participant have any medical or physical limitations of which we should be aware?

Is the participant currently taking any medications? (Please list them below with name and dose/frequency, if so.)

Please note anything else (medical issues, physical limitations, allergies, dietary restrictions, etc.) we should know about the participant on the reverse side.

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I hereby give my permission for (Participant's Name) _____ to participate in the First Baptist Church's Middle School / Senior High Fellowship Kick-Off Party at the Blanchard family's home (85 Wood Dr) on Chebacco Lake in Essex on Sunday, September 15, 2024. I further grant permission for this participant to be transported to/from the Kick-Off Event in the FBC church van driven by a Youth Fellowship leader or in a car owned and operated by a Youth Fellowship leader.

In the event of accident or illness, I understand that every attempt will be made to reach me or another designated person through the numbers listed above. Should I not be available, I give my permission for the leaders of the group to authorize any necessary treatment for the minor participant, including anesthesia and/or surgery. I will not hold First Baptist Church in Beverly or its appointed leaders responsible for any injury incurred by the participant. I also understand that there are certain guidelines of conduct for this trip that will be explained to all youth participants. Should my participant fail to keep such guidelines, I understand that they may be sent home or that I may be asked to come and pick them up.

Date: _____ Signed: _____

Emergency Contact Name and Phone Number: _____