Family Medical Release Form/Blanket Permission Form—For Participation in Children's / Youth Activities with Bella Vista Baptist Church, 50 E. Lancashire Blvd., Bella Vista, AR

Note: Cubbies must be 3 yrs old by Aug. 1st of the current year

Note: Puggles must have a parent serving at BVBC during AWANA time to be in Puggles)

family email:_____

Home Address: _____Names of Parents:_____

Participant Information:

LAST NAME	FIRST NAME	DATE of BIRTH MM/DD/YY	Grade	Puggles 2 yrs*	Cubbies 3-4* yrs	Sparks K-2nd	T&T Girls 3rd-6th	T&T Boys 3rd-6th	Children's Choirs (*based on Grade)*	Trek 7th-8th	Journey 9th-12th	Other Event Not listed here
_____	_____	__/__/__	____	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	_____	__/__/__	____	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	_____	__/__/__	____	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	_____	__/__/__	____	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	_____	__/__/__	____	☐	☐	☐	☐	☐	☐	☐	☐	☐

Medical Information: Do any of the children listed above have any food allergies or medical conditions that we need to be aware of? If so list them here, if more space needed continue on the back of this form_____

_____

Do any of the children listed above have any physical or medical conditions that would prevent him/her from participating in game time? _____
If yes, which child/children should not participate in game time? _____

Emergency Contact Information: Contact 1 — Name:_____ Phone:_____ Relationship:_____
Contact 2 — Name:_____ Phone:_____Relationship:_____

Parental Release: In signing this form, I hereby certify that the above information is correct and give permission for my child to participate in activities with Bella Vista Baptist Church. I give permission for my child to ride on the church van or church bus to attend activities with Bella Vista Baptist Church. I give permission for the release of medical records to an attending physician in case of injury or illness. In the case of a medical emergency, I understand that every effort will be made to contact me and the other contacts that I have listed on this page. In the event that I cannot be reached, I give permission to the physician attending my child to hospitalize and/or secure proper and necessary treatment for my child as named herein. I hereby agree that no liability is assumed by the Bella Vista Baptist Church, or its leadership, for claims which may arise out of youth/children's activities. I understand that some activities may require separate permission slips. I (we) shall be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization. Finally, in consideration for my (our) child's participation, I (we) release, discharge and agree to hold harmless Bella Vista Baptist Church, it's staff and volunteers from any and all liability, claim or demands for personal injury, illness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by us and/or my (our) child while my (our) child is participating in church related activities (including transportation to and from events), hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation. I (we) have fully read this form and sign voluntarily with knowledge of its terms and conditions. I hereby give permission for images of my child, captured during regular and special Bella Vista Baptist Church activities through video, photo and digital camera, to be used solely for the purposes of Bella Vista Baptist promotional material and publications, and waive any rights of compensation or ownership thereto.

_____ _____ _____ / _____ / _____
(Parent/Guardian Signature) *(Parent/Guardian Signature)* *(Date)*