

Crossways Winter Camp - Family Bible Church Permission Slip

Dates: February 17-19, 2018

Name: _____ Birthday: ____/____/____ Grade: _____ Male/Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Church attending: _____

Emergency Contacts:

(1) Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

(2) Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

In registering for this event, I agree to abide by Family Bible Church's standards of Christian conduct, which includes wearing of modest clothing, using clean language, and being a part of ALL scheduled activities. I WILL NOT bring tobacco, drugs, alcoholic beverages or any type of weapons or potentially dangerous items to church activities. I understand that any violations will result in me being sent home at my own expense.

Student Signature: _____ Date: _____

Medical and Liability Release

Medical Insurance Provider: _____ Policy #: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Family Doctor: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Any allergies/special instructions: _____

We realize that no activity is with out the possibility of unforeseen hazards, which could result in injury to an individual. For this reason, Family Bible Church (FBC) provides supervision and directions for the safe conduct of our church activities. Sometimes these directions are not followed or are disregarded by students in our programs, resulting in injury. As a parent, or guardian, FBC expects you to be aware of your responsibly to instruct your student of the importance of conduct which will insure safety and an enjoyable time while at church activities. By signing this form, you as a parent, guardian or other responsible adult, agree to assume the risks and hazards, which may be inherent in activities. You also agree to absolve and hold harmless FBC and/or its owners, agents, employees or volunteers for damage, losses or injuries to student undersigned. FBC carries accident insurance as secondary insurance to individual/family coverage.

I understand that I am signing for the minor listed on this form and that the signature is both a medical and liability release. If an accident should occur which causes a dispute between FBC and myself, I agree not to press charges in a court of law, but will submit to arbitration by a representative of an organization established for such purpose, agreed to by both parties. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by FBC to hospitalize, secure proper treatment and/or injections, anesthesia or surgery for my child as deemed necessary.

Parent(s) Signature: _____ Date: _____

(FBC must have a parent or guardian signature if the student is under 18 years of age, to attend this activity)