

2019-2020 MINOR PARTICIPATION FORM
NORTHBROOK BAPTIST CHURCH



MINOR INFORMATION

First Name					Last Name			
Birthdate	/	/	Grade		School			
Address								
City				State			Zip Code	
Cell Phone	()	-	Home Phone		()	-		
E-Mail Address								

MOTHER/GUARDIAN INFORMATION

Name							
Cell Phone	()	-	E-Mail Address				

FATHER/GUARDIAN INFORMATION

Name							
Cell Phone	()	-	E-Mail Address				

MEDICAL INFORMATION

Doctor's Name				Doctor's Phone	()	-	
Allergies							
Medical Conditions							
Insurance Carrier				Policy #			

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

Name							
Home Phone	()	-	Cell Phone	()	-		

GENERAL RELEASE & HOLD HARMLESS AGREEMENT

As the parent or legal guardian of the above minor:

- I acknowledge that the student above desires to participate in the programs, events, or activities (hereinafter collectively referred to as "activities") operated, sponsored, or attended by Northbrook Baptist Church (hereinafter referred to as "the church").
- I acknowledge that participating in the activities operated, sponsored, or attended by the church will frequently involve transportation to and from various locations, and I hereby give consent for the above minor to participate in the activities and authorize the church to transport the above minor to and from various locations for the activities. I give permission for the above minor to ride in any vehicle, deemed suitable by the adult in whose care the above student has been entrusted, while attending and participating in activities operated, sponsored, or attended by the church. In consideration of the church allowing the above minor to participate in activities, I do hereby release and forever discharge the church, their officers, directors, employees, agents, and any parties volunteering on behalf of the church from all actions, claims, costs, expenses, or damages of any nature whatsoever arising from or in connection with participation in or transportation to and/or from activities.
- In the event that the above minor is injured while participating in activities or while being transported, I do hereby authorize and consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care rendered under the general supervision and the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.
- I acknowledge the undersigned shall be liable and agree to pay all cost and expenses incurred in connection with any such medical and dental services rendered to the above student pursuant to this authorization.
- I understand that should it be necessary for the above minor to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
- As the undersigned, I understand it is my responsibility to update the emergency information contained in this participant form as necessary.
- I consent and give my permission for the church to use any photographs and/or video of the above student for use in the church and/or any promotional material for the church.

Parent/Guardian Print Name				Parent/Guardian Signature			
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NOTARY PUBLIC

On this date the person who is signed above personally appeared before me in my presence and executed this participant form.	Notary Signature		
	Date	/	/
	Commission Expires	/	/

NOTARY SEAL