

**First Baptist Church, Tallahassee, Florida  
Annual Youth Activity/Event Permission Form**

**(For events within Leon County which are NOT overnight or involve transportation)**

\_\_\_\_\_ has my permission during the \_\_\_\_\_ calendar year to participate in the regular and special scheduled activities and events of First Baptist Church of Tallahassee, Florida which are held both at the FBCTLH campus and in homes, recreational and entertainment venues, and businesses in Leon County. I understand that I will need to complete a separate permission form for each activity which involves church-provided transportation (including private vehicles driven by volunteers) and overnight events.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth for Minor

**First Baptist Church, Tallahassee, Florida  
Personal Information Form  
Children and Youth Ministries Program Participation**

**This form must be filled out and submitted annually.  
This form is in effect from \_\_\_\_\_ through \_\_\_\_\_**

**PLEASE PRINT**

This form was submitted or updated on \_\_\_\_\_ (Date).

Full name of child/youth: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address with city and zip code: \_\_\_\_\_

Child/Youth phone numbers with area code: Home \_\_\_\_\_ Cell \_\_\_\_\_

Child/Youth email (please print): \_\_\_\_\_

	<b>Mother's Info</b>	<b>Father's Info</b>
Employer:		
Work Phone (area code):		
Cell Phone (area code):		
Email (please print):		
If different from child's/youth's: Address:		
Home Phone (area code):		

Please provide information for a guardian if that info differs from any of the above.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone (area code): \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Information:** Name and phone number of additional contact person in case of emergency. (This should be someone who is familiar with family members and who would likely know where a parent or guardian can be located.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

**Medical Information:**

Name of child's physician: \_\_\_\_\_

Physician's phone number (area code): \_\_\_\_\_

**Insurance Information:**

Company: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Group/Policy # \_\_\_\_\_

Does your child:

- a) Have allergies to:  
 Food (Y / N) If Yes, please list and explain. \_\_\_\_\_  
 Medications (Y / N) If Yes, please list and explain. \_\_\_\_\_  
 Other (Y / N) If Yes, please list and explain. \_\_\_\_\_

- b) Have any physical restrictions which limit activities? (Y / N) If yes, list specific activity and provide explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- c) Presently take any kind of medication? (Y / N) If Yes, please list and explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: If medications need to be given during an activity/event, Appendix G-2 should be completed.**

Date of child's last Tetanus shot (DPT): \_\_\_\_\_

**Please provide in the space below any additional comments you would like to make regarding your child's physical or mental health.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information provided above is correct and complete to the best of my knowledge. It is the responsibility of the parent or guardian to update this information as needed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

First Baptist Church, Tallahassee, Florida
Release and Indemnity Statement

In consideration of my child participating in the programs and ministries of the First Baptist Church of Tallahassee, Florida, Inc. ("Church") during the \_\_\_\_\_ (period of time), Calendar Year, I agree to:

Assume the risks for me and my minor child or ward incidental to participation in the programs and ministries of the Church and each of its activities on and off campus.

Permit my minor child or ward to ride in any vehicle designated by the adult in whose care the minor child or ward has been entrusted while participating in Church programs, ministries, and activities.

Assume all transportation costs, should it be necessary, for the minor child or ward to return home

Authorize first aid or other medical treatment for myself and my minor children and wards, at my cost; however, Church shall have no duty, obligation or liability arising out of the provision of, or failure to provide, first aid or other treatment.

Release and forever discharge, on my behalf and for and on behalf of my minor child, ward, heirs, executors and administrators, the Church and all of its officers, directors, employees, members, servants, volunteers (including without limitation chaperones and Sunday School and Bible Study workers), agents, successors and assigns (collectively "Church") of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my own and my minor child's or ward's participation in Church programs, ministries, and activities.

Indemnify and hold Church harmless against any and all such liabilities, claims, actions, damages, costs or expense, including but not limited to attorneys' and other fees and disbursements.

This agreement includes, without limitation, any claims caused or suffered by me or my minor child or ward and any claims based on the negligence, action, or inaction of Church and covers bodily injury (including death) and property damage, loss, or theft whether caused or suffered by me or my minor child or ward before, during, or after such participation.

This Agreement constitutes the entire agreement among the parties with respect to the subject matter of this Agreement and supersedes any and all previous agreements among the parties, whether written or oral, with respect to such subject matter.

I represent and warrant to Church that I am 18 years of age or older and that I have the full right, power, capacity, and authority to execute this Agreement on behalf of myself and as the parent/legal guardian of any minor child or ward identified below for all purposes of this Agreement. This Agreement shall be binding upon me and my heirs, personal representatives, children, wards, and assigns and shall be governed by and construed under the laws of the State of Florida without regard to conflicts of law principles. Venue for any legal action arising out of or pursuant to this agreement shall be in Leon County Florida and jurisdiction shall be vested exclusively in the Circuit Court of the Second Judicial Circuit in and for Leon County Florida, or if appropriate in the Federal District Court for the Northern District of Florida, Tallahassee Division.

I am signing and agreeing on my own behalf, and on behalf of the person under the age of eighteen (18) years identified herein as: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Notary

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_. Type of ID produced: \_\_\_\_\_