

Activity: \_\_\_\_\_

Date(s): \_\_\_\_\_

Sponsoring Organization: Fellowship Bible Church of Northwest Arkansas

*Permission of parent is essential in order for a minor to participate. The following **MUST** be completed.*

As a parent or legal guardian to the below named applicant, I hereby give my permission to attend the above mentioned activity. I understand every precaution will be taken for his/her health and safety. However, I assume responsibility in case of illness, injury, or accident, and agree to hold Fellowship Bible Church harmless. My signature below also authorizes the Sponsors of Fellowship Bible Church to administer medical treatment or medical assistance to my child at any time, should it be necessary. Further, I give Fellowship Bible Church permission to use my child's photo/video in any of their publications or website. No information will be given out about my child to other entities outside of Fellowship.

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

\_\_\_\_\_  
Date

*(Please Print)*

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian Work Phone: \_\_\_\_\_

Name of Alternate Contact in Case of Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact's Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Contract/Policy #: \_\_\_\_\_

**<Please include a copy of the front and back of your insurance card>**

Previous Surgery(ies): \_\_\_\_\_

Taking Medication: No \_\_\_\_\_ Yes \_\_\_\_\_, Name of Medication: \_\_\_\_\_

Asthma: No \_\_\_\_\_ Yes \_\_\_\_\_, Current Treatment: \_\_\_\_\_

Allergies: No \_\_\_\_\_ Yes \_\_\_\_\_, Current Treatment: \_\_\_\_\_

Special Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_