

## Felida Baptist Church - Teen Activity Permission Slip

In an attempt to ensure that parents/guardians are informed of their minor student's participation in an activity sponsored by Felida Youth Ministries, **we ask students to bring this completed form with them** when they participate in one of our off-campus activities. Please fill in the appropriate information, print this form out, have both student and parent sign it and submit it to the youth leader responsible for the activity.

I, the participating student, agree to cooperate with the Youth staff and to comply with Felida Youth Ministry's behavioral standards. I agree to conduct myself in a manner conducive to learning, worship, and biblical ethics. I understand that inappropriate dress, appearance, or behavior which disrupts the purpose of Felida Youth Ministry is not permitted. Furthermore, I understand that should I be unwilling to cooperate with the Youth Staff or comply with Felida Youth Ministry behavioral standards, I will be sent home at my parent's/guardian's expense

(Student signature) \_\_\_\_\_ ;

Please place an "X" in the box if you don't want to receive information about future events

**I give my permission for:** *(please type or print)*

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Student phone \_\_\_\_\_ Parent phone \_\_\_\_\_

**To participate in the following activity:**

\_\_\_\_\_

I understand Felida Youth Ministry's behavioral standards and have discussed them with my student. I am available to pick my student up should the need arise.

I understand that transportation for Felida Youth Ministries is provided with the church van and/or private car unless otherwise noted in the event's general information.

I understand that photographs and videos of my child may be taken and used in various media presentations.

I understand that supervision is provided by volunteers from Felida Baptist Church who will exert every reasonable precaution to ensure the safety of the participants.

I understand that all activities involving youth possess a potential for injury, death and dismemberment and therefore will not in the event of an injury to my child, hold Felida Baptist Church or any person working as a staff member or its volunteers responsible. Should the need or emergency arise I grant Felida Youth Ministry's adult supervisor permission to secure any medical aid or treatment, such as doctor or hospital care. I leave this decision up to the judgment of the adult supervisor.

(Parent/guardian signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Medical insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_