



First Baptist Church
319 Walnut Street
Manistique, MI 49854

906-341-2814
office@fbcmstq.org

CHILDREN/YOUTH ACTIVITIES CONSENT FORM

Name of youth participant: _____ Birth date: ____/____/____

Name of parent(s) or guardian(s): _____ Phone: _____

Name of parent(s) or guardian(s): _____ Phone: _____

Home address: _____

Other person(s) and phone number(s) to call in emergency if listed parents/guardians cannot be reached:

Primary person picking-up participant at the end of program: _____

Who else may pick up this participant with guardian permission: _____

If your participant will be walking home/elsewhere after the program, please let leaders know on each occasion.

Medical Information

Does your participant have any ongoing medical issues that program leaders should be aware of?

Yes No If yes, please explain. _____

Does your participant have any physical conditions that would prevent participation in normal to rigorous activity?

Yes No If yes, please explain. _____

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my participant is injured or becomes ill. I authorize First Baptist Church (FBC) and its representatives, including chaperones, to make emergency medical care decisions on behalf of my child while my child is in their care. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that FBC will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the FBC office in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the youth leaders and designated adult chaperones reserve the right to restrict my participant from any activity that they do not feel is within the physical capabilities of my youth.

_____ / ____/____

Signature of parent or guardian

Date



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Consent to Participation

I, the undersigned parent or legal guardian of the participant named above, do hereby consent to the participation of my child in all the locally scheduled youth activities of First Baptist Church (FBC) in Manistique, and any other supervised activities customarily associated with its youth programming. Any events such as youth rallies and overnight or weekend youth trips will require an additional permission form. Further, I certify that my youth is adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the FBC office in writing.

Note: If giving consent for only one activity, or if this consent is otherwise restricted, please specify:

Youth Pledge

- Be kind - Ephesians 4:32
- Be respectful - Proverbs 15:5
- Be honest - Ephesians 4:25
- Do your best - Colossians 3:23
- Have a good attitude - Philippians 2:14

I hereby pledge to uphold all policies of the First Baptist Church youth programs. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions.

Signature of youth participant

____/____/____
Date

Media Release

Photography, videography, live streaming and other recording methods are used at First Baptist Church. First Baptist Church may use the media recorded at these events in materials produced by or for the church, including but limited to our bulletins, posters, brochures, newsletters, and other printed, electronic and digital media. By participating in First Baptist Church services, ministry activities, classes, programs and other events.

While we reserve the right to photograph and record church events, we strive to ensure that photography and videography are used in safe and positive ways. We will not knowingly and intentionally post any photo, video or other recording that would be embarrassing, objectionable or hurtful to any clearly, personally identifiable individual in the recording. Additionally, if you see a photo on a First Baptist Church website or social media page that includes your child and would prefer it be removed, please contact the church office. Please note we cannot remove your image from video or live stream messages.

_____ I **DO NOT** give consent _____ I consent

Signature of parent or guardian

____/____/____
Date