**First Baptist Church**

**2501 Highway 70 East**

**Dickson, TN. 37055**

**(615) 446-4640**

**STUDENTS Activities Participation Agreement**

**2024 - 2025 School Calendar of Activities & Events**

***“A copy of medical insurance card is required”***

**GENERAL INFORMATION: PLEASE PRINT** T-Shirt Size: Click or tap here to enter text.

**NAME:** Click or tap here to enter text. Sex: Click or tap here to enter text. Birth Date: Click or tap here to enter text.

Age:Click or tap here to enter text. Grade:Click or tap here to enter text. Special Needs: Click or tap here to enter text.

Name of Parents/Guardians: Click or tap here to enter text.

Address: Click or tap here to enter text. City: Click or tap here to enter text. ST: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Phone #s Home:Click or tap here to enter text. Cell: Click or tap here to enter text. Work: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

**Emergency Contact Person:** **Name**: Click or tap here to enter text.

Phone #s Home:Click or tap here to enter text. Cell: Click or tap here to enter text. Work: Click or tap here to enter text.

**Alternate Contact**: (Someone Living Near You) **Name**: Click or tap here to enter text.

Phone #s Home:Click or tap here to enter text. Cell: Click or tap here to enter text. Work: Click or tap here to enter text.

**Medical Information:**

Primary Physician’s Name: Click or tap here to enter text. Phone #: Click or tap here to enter text.

**Insurance Information:**

**\*\*IF you have State Issued Medical Insurance, please give your student’s Social Security Number**

 **in place of a Subscriber ID.**

Insurance Company Name: Click or tap here to enter text. Name on card: Click or tap here to enter text.

Insurance Telephone #: Click or tap here to enter text. **\*\*Subscriber ID**: Click or tap here to enter text.

Group #: Click or tap here to enter text.

If you should require medical attention for injuries received or illnesses to the various activities, please

provide us the necessary information for proper medical care during the activities.

Please Describe: Click or tap here to enter text.

Medications that must be Taken and Dosage: Click or tap here to enter text.

Any Allergies to Medicine and/or Food? If yes, please describe: Click or tap here to enter text.

**Participant Information & Code of Behavior Agreement**:

Rules of behavior expected of each participant

1. No alcohol, tobacco, or illegal drugs permitted. 5. Follow curfew.

2. Attendance at meetings mandatory. 6. No profanity.

3. No violence (physical, emotional, or verbal) toward others. 7. No bullying or cyber-bullying.

4. No guys in girls’ sleeping quarters & vice versa\* 8. No purposeful disruption during any event.

**\*(We reserve the right to limit physical interactions between guys and girls.)**

**Participant/Parent Release Statement**:

I have reviewed the information and give my permission for the subject of this release to be involved in and transported to and from the overall activities for Student Ministries of First Baptist Church, Dickson during the 2024-2025 calendar year.

I/we have reviewed the rules of the activity and agree that the subject of this release will abide by them. I/we also acknowledge

that if the subject of the release has to return home early for discipline violations, it will be my/our expense.

I/we consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken

of the subject of this release during the activities/events to be used, distributed, or shown as First Baptist Church sees fit.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed

on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the

activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for the subject of this

release as deemed necessary.

I/we understand all reasonable safety precautions will be taken at all times by First Baptist Church and its agents during the events and activities. I acknowledge that participation in this year’s activities involve risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in this year’s “Activities”, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activities. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activities or during transportation to and from the Activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

**Please enter your driver’s license number to verify you are a parent/guardian of the participant listed above and agree to adhere to the guidelines set forth in this document.**

**Driver’s License Number**:Click or tap here to enter text. **State Issued**: Click or tap here to enter text.

**Issue Date**: Click or tap here to enter text. **Expiration Date**: Click or tap here to enter text.

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