

# YOUTH FEST PERMISSION / WAIVER FORM

Central Baptist Church • 1541 West Street, Southington, CT 06489

Student Name:			
	(First Name)	(Middle Initial)	(Last Name)
Home Phone #			
Cell Phone Number			Date of Birth:
Email Address			
Address	Street:		
	City:	State:	Zip:
Pastor's Name			
Church			
Church Address			
Please list any allergies the teen has had:			
Please list any diseases the teen has had:			
Please check if the teen is subject to:	<input type="checkbox"/> Asthma <input type="checkbox"/> Ear Aches <input type="checkbox"/> Hay Fever <input type="checkbox"/> Bronchitis <input type="checkbox"/> Other _____		
Please list any medications the teen takes regularly:			

In case of an emergency requiring medical care, please indicate in numeric sequence (1,2,3..) what you would like done:	<input type="checkbox"/> Contact Father	Name/Cellphone:
	<input type="checkbox"/> Contact Mother	Name/Cellphone:
	<input type="checkbox"/> Contact Physician	Name/Cellphone:
	<input type="checkbox"/> Take child to nearest hospital	
	<input type="checkbox"/> Other Procedure	

### PERMISSION AND RELEASE OF ALL CLAIMS

By signing this, I hereby consent to my child, \_\_\_\_\_ going to the Youth Fest hosted by Central Baptist Church, Southington, CT.

I, being over the age of majority, do hereby represent that I am the parent or legal guardian of the minor child named above, and that I hereby give permission for said child to participate in all activities at the Central Baptist Church YouthFest.

I assume all responsibility for notifying the church of any change in my child's health both before and during participation in any activity

I hereby give permission for the provision of emergency medical treatment for my child in the event of injury or illness that occurs during participation in YouthFest activities. I also do for myself and on behalf of my child participant, hereby release, forever discharge and agree to hold harmless and indemnify Central Baptist Church, Central Christian Academy and all of their officers, directors, agents, employees and staff, from any and all liability, claims or demands, of any nature whatsoever which may be incurred or suffered by me or by my child-participant arising out of or while participating in Youth Fest. Furthermore, I hereby assume, on my own behalf and on behalf of my child-participant, all risk of personal injury, sickness, death, damage and expense in connection with YouthFest.

I also give my full permission to Central Baptist Church and their agents to use for any purpose any photographs, videos or other recordings of me or my minor child that are made during the course of YouthFest.

Parent or Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_