

FERN CREEK BAPTIST CHURCH
Youth Activities September 2025 – August 2026

Name _____ Phone _____

Address _____ Zip Code _____

Date of Birth _____ Age _____ Sex _____ Grade _____

Parents' Names _____ Home Phone: _____

E-mail Address _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Doctor's Name _____ Phone _____

Are there any reasons, physical or other, which prevent your child from participating in any activities? _____

If yes, please provide specific details: _____

Insurance Company and Policy Number _____

Medicines Taken Regularly _____ How Often? _____

Does your child have allergies? Yes _____ No _____

List the allergies and reactions _____

Does your child attend Sunday School or worship anywhere? _____ If so, where? _____

May we have permission to photograph your child for church publications or website? Yes _____ No _____

PERMISSION SLIP

My son/daughter, has permission to participate in the Youth activities (September 2025 – August 2026) held at or sponsored by Fern Creek Baptist Church whether on or off premises. I understand that in giving my permission, I agree to the following:

1. That the approved agents for the church shall have full and complete responsibility for my child while participating in this program and may restrict or discipline his/her actions in behalf of the best interest of the church.
2. That I will not hold the church, or any agent thereof, responsible for any injury or accident which may occur to my son/daughter while participating in this activity, or during transportation to and from event.
3. That I authorize medical and surgical treatment as needed for my child in the event that such care is required in an emergency and I am unable to be reached. In the event of such emergency care, I release the church, and all agents thereof of all liability in the event of accident or death.

Signature of Parent or Guardian _____

Phone Number _____ Date Signed _____