

# The Woodstock Baptist Church, Woodstock, NB

## PERMISSION FORM AND RELEASE

Youth Name	Home Phone
Parent/Guardian(s) Name(s)	Work Phone
Address	Other number where Parent can be reached
Town/Prov./Code	Youth Gender: Male    Female (Circle one)
Youth's Date of Birth	Medicare Number

Parent or Guardian of \_\_\_\_\_, a Youth with the Woodstock Baptist Church Youth Group agrees that:

1. The above named youth has my permission to participate in the activity of:  
\_\_\_\_\_
2. I agree to release the Woodstock Baptist Church from any claim for personal injury or damage resulting from by Youth's participation.
3. I understand the activity and give my permission to my Youth's participation.
4. I give permission for my Youth to travel by the means of transportation arranged by the church, and/or by volunteer driver's personal vehicles.
5. In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my Youth:
  - a) Physical problems or limitations \_\_\_\_\_
  - b) Currant medications \_\_\_\_\_
  - c) Drugs/other allergies \_\_\_\_\_
  - d) Name & phone # of physician \_\_\_\_\_
6. The above named youth is covered by medical/liability insurance  
Name of Insurer: \_\_\_\_\_
7. As parent or guardian of the above named Youth, I am authorized to sign this permission/release form.

I HAVE READ AND UNDERSTAND THIS PERMISSION/RELEASE FORM AND UNDERSTAND THAT THE UNITED BAPTIST CHURCH IS RELEASED FROM LIABLILTY AS A RESULT OF ANY INJURY OR DAMAGES FROM MY YOUTH'S PARTICAPATION IN THIS ACTIVITY. I ALSO UNDERSTAND THAT IN THE EVENT OF EMERGENCY OR MEDICAL NEED, I GIVEN MY PERMISSION TO HAVE MY YOUTH RECEIVE MEDICAL TREATMENT BY THE BEST MEANS POSSIBLE.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)