

Oak Grove Baptist Church
Activity Permission Form
EMERGENCY RELEASE / PERMISISON FORM
To Be Completed For: Each participant under the age of 18

Name: _____ Birth Date: _____

email _____ cell phone _____

Shirt Size: _____ please indicate youth or adult

Parent / Guardian Name: _____

Parent / Guardian Contact Phone Number(s): _____

Additional Emergency Contact & Phone Numbers:

Please list any allergies: _____

Any other important information: _____

Insurance carrier _____ Policy number _____

Insurance contact number: _____

I give my permission for the individuals listed above to participate with Oak Grove Baptist Church in activities planned including but not limited to, skating, bowling, lock-ins, camping, fishing, swimming, boating, Hearts on Fire, Strength to Stand, Hillcrest Baptist Church Camp etc. I fully understand the possibility of risks involved in the activities that my child will be participating in and will assume all responsibility. I also give permission for my child to ride the church van or with an adult leader. In the event of an accident/injury I agree to not hold the leaders of the activities or Oak Grove Baptist Church responsible.

In case of emergency, I hereby give permission for proper medical treatment to be performed and I guarantee payment of such medical treatment. In my absence, the above-named individual be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment.

Signature of Parent or Guardian: _____ Date _____

Witness Signature: _____ Date _____