



# PARTICIPANT FORM

## 2020 Parental Consent Form

I, the undersigned parent or legal guardian, do give consent for the below named minor to participate in the activities of Children's/Student Ministry of the First Baptist Church of Rome, GA, Incorporated {the Church} for the period beginning midnight on December 31, 2019 and terminating at midnight on December 31, 2020. I understand that said activities will occur both on and off the property of the Church and will include traveling within Rome, within Floyd County, within the State of Georgia, and between states by various modes of transportation including but not limited to: church owned vehicle, rented van or bus, chartered bus, and personal vehicles.

**Participant Name** (First/Middle) \_\_\_\_\_ (Last) \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
In case of Emergency, Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Other Emergency Contacts: Name & Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name & Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### MEDICAL INFORMATION

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_  
Policy or Group Number \_\_\_\_\_  
Participant Social Security # \_\_\_\_\_  
Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_  
Subscriber Name \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies (use back if needed) \_\_\_\_\_  
Medications (use back if needed) \_\_\_\_\_

### AUTHORIZATION FOR TREATMENT & RELEASE OF CLAIMS

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by a physician. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, employees, volunteers, and agents of First Baptist Church of Rome, from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I assume personal responsibility for any loss of property incurred by myself (or my child under 18 years of age) at the event by theft or otherwise. I also assume personal responsibility for all medical bills (for myself or child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. I further understand that photographs, audio recordings, and video recordings may be created during the event, and I give permission for First Baptist Church of Rome to use any or all recordings of me or my child in publications, videos, website design, or other media expressions.

_____ Participant Signature	_____ Print Name	_____ Date Signed
_____ Parent/Guardian Signature (sign only in presence of a notary)	_____ Print Name	_____ Date Signed

In Presence of: \_\_\_\_\_  
Notary Public for the State of GA

Commission Expires: \_\_\_\_\_