

Valid: August 1, 2016 – August 31, 2017

Child's Name _____ M ____ F
Last First Middle
Birthdate ____/____/____ Age _____ Grade _____ School _____
Address _____ City _____ State _____ Zip _____
Home Phone ? _____ Youth's Cell (*grades 7-12 only*) _____
Father's Name _____ Cell # _____ Wk.# _____
Mother's Name _____ Cell # _____ Wk.# _____
Parent's E-Mails _____
In case of emergency notify _____ Phone # _____
Family Physician _____ Phone # _____
Family Insurance Co. _____ Policy No. _____

[Note: Please attach a copy of your insurance card]

Medical History: (Check ALL appropriate information)

____ Asthma ____ Sinusitis ____ Bronchitis ____ Diabetes ____ Heart Trouble ____ Kidney Trouble ____ Dizziness
____ Epilepsy/Seizure Disorder ____ Upset Stomach ____ Hay Fever ____ ADD ____ ADHD

Other: _____

Allergies: Foods _____

Penicillin or Other Drug (list): _____

Insect Sting/Bites (list): _____ Poison Ivy, Oak, Sumac: _____

Previous Operations or Serious Illness _____

Special Diet Considerations: _____

List any medications your child takes regularly: _____

Childhood Diseases: ____ Chicken Pox ____ Measles ____ Mumps ____ Whooping Cough

Date of Last Tetanus Shot: _____

Does your child wear: ____ Glasses ____ Contact Lenses

Please rate your child's swimming: ____ good swimmer ____ fair swimmer ____ non-swimmer

Should your child's activities be restricted for any reason? Please explain: _____

Other Information: _____

Guest Of: (if not a regular Oakmont attender): _____

Wednesday Evenings: (if applicable)

Please indicate where you will be on Wednesday evenings, in case we need to contact you (i.e. in an Adult Class (be specific), Choir, Orchestra, Teaching, etc.).

Authorization:

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Oakmont Baptist Church, Inc. and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named below, a minor, and have given our consent for him/her to attend events being organized by Oakmont Baptist Church, Inc. ("Church"). I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its ministers, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement

While I understand that the Church will take all reasonable steps to provide individual care and safety for my child, I am aware that the Church or their employees or agents cannot assume any responsibility for an injury, damage or harm which might result during the course of any activity during functions so sponsored. In consideration of permitting my child to participate, I agree that full responsibility will remain with me, as parent or guardian of my child. Should any claim be asserted by any person as the result of the acts of my child while participating in the course of activities provided by the Church, or traveling to or from such activity, or should my child assert any claim against the Church or its employees or agents, I agree to indemnify and hold the Church harmless from any such claim, including attorney fees and costs incurred by the Church in defense thereof.

In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named below. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Activities may include, but are not limited to: Sunday School, Royal Ambassadors, Girls in Action, Mission Friends, choirs, Bible studies, local mission projects, cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in a park or other site, soccer, broomball, ice skating, volleyball, softball, baseball, camping, hiking, biking, concerts, golfing, miniature golf, hayrides, parties. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Church prior to that event.

This document also gives my/our permission for my child to ride in private vehicles of adults supervising children and youth.

This document also gives my/our permission for photographs of my child taken during Oakmont activities to be used in publications of Oakmont Baptist Church (including worship services, web sites, print materials, etc.).

_____ (Child's Name) has my/our permission to travel and attend all activities sponsored by Oakmont Baptist Church, Inc. from August 1, 2016 until August 31, 2017.

Parent/Guardian Signature(s): _____

Date: _____

Code of Conduct: *We expect all participants to conform to these general rules of conduct*

- No fighting, weapons, fireworks, lighters, or explosives
- No possession or use of alcohol, drugs, or tobacco
- No offensive or immodest clothing
- No males in females' sleeping quarters and no females in males' sleeping quarters
- No students can drive unless otherwise noted by Oakmont Baptist Church, Inc. staff member
- Participation in all group activities
- Respect of property
- Respect of other participants, staff, and adult leaders
- Follow the security procedures established for activities within the church building and at other locations
- Adherence to curfews and travel locations
- Other rules established by staff and adult leaders
- The "laws of the land" will be respected and abided by at all times.

If a disciplinary situation occurs, parents will be contacted and will have to take their child home at the parents' expense.

I have read (or had read to me) the rules of conduct, the above medical information, and permission to participate in activities. I agree to abide by the stated personal limitations and the code of conduct.

Child's Signature: _____ Date: _____

Parent/Guardian Signature(s): _____