MINISTRIES PARTICIPANT FORM

SUGAR LAND BAPTIST CHURCH

Sugar Land Baptist Church
16755 Southwest Freeway
Sugar Land, TX 77479

Participant's Name_____ Grade Completed _____

Address_____ Birth Date_____

_____ SS #_____

Allergies Or Medical Conditions _____

Mother's Name_____ Father's Name_____

Work Phone_____ Work Phone_____

Cell Phone_____ Cell Phone_____

E-Mail _____ E-Mail _____

Alternate Contact _____

Address _____

Home Phone _____ Relationship To Participant_____

Work Phone _____ Cell Phone_____

Information Disclosure Release

I, the undersigned, hereby give consent for the person identified by this form to be interviewed, taped (audio or visual) and/or photographed for use by Sugar Land Baptist Church of Sugar Land, Tx, its agents, assigns, representatives, volunteers, staff, contractors, and employees (collectively, "slbc") in any and all media, including but not limited to newspapers, brochures, pamphlets, television, radio, magazines, advertising, SLBC publications or video productions, and the Internet. I hereby relinquish any right, title or interest in such interviews, photographs and/or tapes, and to any control over their use. I understand that at no time will anyone be identified by name in any and all SLBC media. I hereby release and forever discharge and agree to hold harmless SLBC from any and all liability arising from the interview, photograph and/or tape and any newspaper, brochure or magazine article and/or advertisement (print, broadcast or Internet) and/or any other use by SLBC of this interview, photograph and/or tape.

Signature_____ Relationship to Subject_____

Permission for Participation and Medical Treatment/Release of Claims

I do hereby give permission for my child, _____to participate in all camps, retreats, activities, outings or any other events sponsored by Sugar Land Baptist Church of Sugar Land, TX (SLBC). I recognize that there are risks involved in participating in such activities and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in these activities.

To the fullest extent permitted by law, I hereby release and discharge SLBC and all current, former or future officers, employees, agents, representatives, staff and volunteers from any injury, harm, damage, or death which may occur to my minor child while participating in these activities and any and all actions, claims, demands, causes of action and expenses arising from or related in any way to any SLBC activity or event. I further agree to save and hold harmless SLBC from any claims arising out of my minor child's participation in these activities.

In the event my child becomes ill or sustains an injury while on any outing or activity with SLBC, I give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid. I also consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis, treatment, and/or hospital care, and the administration of drugs or medicine to be rendered to my child upon the advice of any physician and/or surgeon. As a parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as secondary coverage.

I understand that this consent will apply to all emergency situations present and future, and that a copy of this form is as valid as the original. This consent shall remain in full force and effect until express written revocation is made.

Parent Or Guardian Signature: _____

Notary acknowledgement

State of _____ County of _____

Personally appeared before me, _____, personally appeared before me executed the within and foregoing permission and release form.

Witness my hand and official seal this _____day of _____, 20_____ .

Notary signature _____

My commission expires _____ Notary Public

HEALTH INFORMATION FORM

Participant Name _____Birthdate _____

Weight _____Height_____ Date Of Last Tetanus (Tetox) _____

Describe Any Special Health Problems

_____

_____

Any **Special** Medications ___No ____Yes If Yes, Describe_____

Name Of Drug_____ Dosage _____

Name Of Drug_____ Dosage _____

Name Of Drug_____ Dosage _____

Allergic To Any Medications ___No ____Yes If Yes, Describe_____

Physician's Name _____Office Phone _____

Address _____

Name Of Medical Insurance Company _____

Address _____

Policy Number _____ Group Number _____

Please provide a copy of the individual's Insurance Card (front and back) on an attached sheet of paper.

Other Information Regarding Individual's Health:

_____

_____

_____

_____

_____

_____