

# SPINNING ROAD BAPTIST CHURCH (SRBC) EVENT PERMISSION FORM

538 Spinning rd. Riverside, Oh 45431 (937) 252-5311

THIS FORM IS VALID FOR THE BELOW LISTED DATE (S) ONLY!

EVENT NAME: SRV Laser Tag DATE: 22 September 2013 COST: \$ 7.00

**Event Location:**

Meet at the Church and we will drive to LaserQuest 201 E. Alex-Bell Rd. Centerville, OH 45459

BEGINS: 5:30 p.m. ENDS: 8:00 p.m. PICK-UP TIME: 8:30 p.m. at the Church

What to bring: Yourself (And a friend if you like!!)

\*All participants must bring this signed permission form to the event or they can not participate in this event.

## PARTICIPANTS INFORMATION (\*Please print clearly in ink

CHILDS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_

I \_\_\_\_\_ give my permission for the above name child to travel with and participate in the Youth group (SRV) event with the Youth Leaders of Spinning Road Baptist Church.

PARENT/ GUARDIAN (S) NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

During this event I may be reached at: Home # \_\_\_\_\_ or at Cell Phone# \_\_\_\_\_.

Emergency contact for hours of this event: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies to food: \_\_\_\_\_

Additional needs of youth that should be known: \_\_\_\_\_

## Medical Insurance Information:

Doctor's Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Health Insurance company: \_\_\_\_\_ policy #: \_\_\_\_\_

## Medical RELEASE Authorization

I hereby give permission to the physician selected by SRBC leaders to order X-rays, routine tests and treatment; To release any records necessary for insurance purposes; And to provide or arrange necessary related transportation for my child. I am aware that every precaution will be taken for the safety of my child. In the event of an emergency I will be contacted immediately. If I or my emergency contact person can not be reached, I hereby authorize the physician selected by SRBC leaders to secure and administer treatment which, in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. , including hospitalization, ambulance transport and paramedics for the above named child. I hereby agree to fully pay all costs of medical or dental care connected with this treatment, and/or incurred by SRBC or their agent. I hereby release Spinning Road Baptist Church, Pastor, volunteers, agents, and vehicle driver of any vehicle driven (if transportation is part of an event) from liability

## Photo/Video Release

I / We also give permission for photos of my/our youth to be used in church media and promotional materials.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_