

Mt Yonah Baptist Church
Liability Release & Medical Form

Effective date: March 1, 2021

Please Print in Ink

Name: _____ Age: _____ Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Grade in School: _____ Male: _____ Female: _____

Parents / Guardian Name: _____

Parents / Guardian Phone: _____

Emergency Contact (other than primary parent): _____

Emergency contact phone: _____

Medical Insurance Company: _____ Policy # _____

Medical History

If necessary, attach to this form in writing the nature and severity of any physical / psychological ailment, illness, weakness, limitation, handicap, disability or condition that your child is subject to and that the staff and volunteers need to be aware of.

Does your child have any food allergies? _____ Yes. _____ No. If Yes, please list them:

Does your child have any other allergies we need to know of: _____ Yes. _____ No. If yes, please list them: _____

Should your child's activities be restricted or limited for any reason? _____ Yes. _____ No. If yes, please list them and describe the restrictions:

Activities may include but are not limited to: cookouts, boating, water skiing, swimming, basketball, baseball, roller-skating, rollerblading, games in the park, soccer, Braves baseball games, volleyball, ice skating, camping downhill skiing, snowboarding, hiking, golfing, and hayrides.

Rules of Conduct for Middle & High School:

Show respect for everyone you come in contact with, by your actions and your words. This means that making fun of others and cutting each other down is not acceptable.

Respect your brothers and sisters in Christ. (e.g., do not speak when someone else is speaking.)

Respect the facilities. No obscene language. No drugs, alcohol, tobacco or vape use. No weapons

Public displays of affection while at church functions are inappropriate. This detracts from our purpose as we meet together.

Rule of three. Students and leaders should always be in an open area with at least two other people. Do not disappear into vacant rooms or hallways.

No offensive or immodest clothing. This includes:

no spaghetti straps (no bra straps showing), no short shorts, no mini skirts, no tight clothes

(determination of inappropriate clothing is at sole discretion of the Next Generation Pastor, or Senior Pastor)

Activities involving swimming:

for guys: t-shirt stays on unless in the pool/ocean

girls: bathing suit options: one piece, tankini that covers belly or bikini with a colored shirt overtop. (We will provide a shirt if you are unprepared.)

Any student who fails to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, I understand the expectations and agree to abide by the code of conduct, and follow the directives of the staff and volunteers:

Student Signature: _____ . Date: _____

_____ has my permission to attend all Next Generation activities held at or sponsored by Mt Yonah Baptist Church. This consent gives permission to seek whatever medical attention is deemed necessary, and releases Mt Yonah Baptist Church, its staff, and volunteers of any liability against personal losses of the above-named child. I / We the undersigned have legal custody of the student named above, a minor, and have given our consent for him / her to attend events being organized by Mt Yonah Baptist Church. I / We understand there are inherent risks involved in any ministry or athletic event, and I / We hereby release Mt Yonah Baptist Church, its pastors, staff, 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. 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 acknowledge that we will be ultimately responsible for any cost of the medical care should the cost of medical care not be reimbursed by the health insurance provider. Further, I/ We affirm that the health insurance information provide on this form is accurate at this date and will to the best of my /our knowledge, still be in force for the student named. I / We also agree to bring my / our child home at my/ our own expense should they become ill or is deemed necessary by the Pastors of the church.

Parent / Guardian Signature: _____

This consent shall be in effective for 1 year from date of signature

Date: _____