

**Cascades Baptist Church *Overflow* Youth Ministry**  
***Overflow* Registration Form 2011 - 2012**  
**Annual Registration and Permission Form**



**STUDENT INFORMATION:**

Full Name:	D.O.B.	Grade 2011-2012:
Home Phone:	Student's Cell Phone:	
Address:	City:	Zip:
School:	Student Email:	

**PARENT or GUARDIAN INFORMATION:**

<b>RELATIONSHIP TO CHILD:</b> Mother    Father    Other:		<b>RELATIONSHIP TO CHILD:</b> Mother    Father    Other:	
Full Name:		Full Name:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Address:		Address:	
City:	Zip:	City:	Zip:
Email:		Email:	

**EMERGENCY INFORMATION:**

Child's Doctor:	Doctor's Phone:
Health Insurance Provider:	Health Ins. Phone:
Health Insurance Policy Number:	
Allergies, Conditions, Restrictions:	
Specific Medications and Instructions: <i>(All medications need to be specifically identified and administered under the supervision of youth leaders)</i>	
Emergency Contact (Other than parent):	
Relationship to Child:	Phone:

\_\_\_\_\_ has my permission to participate in all Cascades Baptist Church youth group activities from June 22, 2011 - June 30, 2012.

This consent form gives permission to the Youth Ministry Leaders to seek whatever medical attention is deemed necessary, and releases Cascades Baptist Church and its youth ministry leadership team from any liability against any personal injury or losses in respect of my 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 any youth event organized by Cascades Baptist Church. I/We understand that there are inherent risks involved in any ministry or youth event, and I/we hereby release Cascades Baptist Church, its pastors, adult leaders, 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 provided by a physician and/or hospital designated by Cascades Baptist Church, I/we agree to hold Cascades Baptist Church 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 or if I/we do not carry any health insurance. Further, I/we affirm that the health insurance information provided overleaf, if applicable, is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home from any event at my/our own expense should they become ill or if it is deemed necessary by the pastors or youth ministry leadership team.

I/We also agree to the following:

1. That the youth ministry leaders and pastors of Cascade Baptist Church stand in our stead in directing and protecting our student during any youth ministry event that this consent applies to and that our student should comply with all reasonable and lawful requests.
2. That students who do not follow the reasonable and lawful requests of the pastors and youth ministry leadership team may be required to return home from the event at our time and expense with no refund of any event fees.
3. That a person aged 21 years or over will be available to collect our student at the time and location specified for collection.
4. That any friend that our student wishes to bring on a Cascades Baptist Church youth ministry event will need to complete and submit their own registration and consent form in advance of the event.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)