



311 North Thornton Ave Dalton, GA 30720
706.278.2911 • fbc Dalton.org/students

2016-2017 Participant Form

PARTICIPANT'S NAME _____

ADDRESS _____ GRADE _____
BIRTH DATE _____

HOME EMAIL _____ HOME PHONE _____

MOTHER'S NAME _____ FATHER'S NAME _____

CELL PHONE _____ CELL PHONE _____

WORK PHONE _____ WORK PHONE _____

EMAIL _____ EMAIL _____

ALTERNATE CONTACT _____

ADDRESS _____

HOME PHONE _____ RELATIONSHIP _____

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 First Baptist Church, Dalton, GA, it's affiliates, assigns, representatives, staff, contractors, and employees (collectively "FBC") in any and all media, including but not limited to newsletters, brochures, pamphlets, advertising, FBC publications or video productions and the Internet. I hereby relinquish any right, title or interest in such interviews, photographs and/or other media, and to any control over their use. I understand that at no time will anyone be identified by name in any and all FBC media. I hereby release and forever discharge and agree to hold harmless FBC from any and all liability arising from the interview, photograph and/or tape and any newsletters, brochure or magazine article and/or advertisement (print, broadcast or Internet) and/or any other use by FBC of the aforementioned.

Signature _____ Relationship to Subject _____
(person being interviewed/photographed or legally authorized representative)

Permission for Medical Treatment

In the event that I / my child _____ becomes ill or sustains an injury while on an authorized and chaperoned outing from the First Baptist Church, I, the undersigned give my permission to those in charge to take whatever steps necessary to administer first aid.

I also consent to x-ray examination, anesthetic, medical (or dental) or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicine to be rendered to my child under the general or specialized supervisor and upon the advice of a duly license physician and/or surgeon.

I do hereby release and forever discharge First Baptist Church, Dalton and any representative of First Baptist from any and all claims, demands, actions or cause of actions, past, present, or future arising out of any damage or injury while participating in such outings.

I understand that this consent will apply to all emergency situation present and future, and that a copy of this form is as valid as the original.

This consent is to remain in effect until written revocation is made.

PARENT OR GUARDIAN SIGNATURE:

Notary acknowledgement

State of _____ County of _____

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

Witness my hand and official seal this _____ day of _____, 20_____

My commission expires _____

Notary Public

Individual Health Information

NAME _____ Date of Birth ____/____/____

Weight _____ Height _____ Date of Last Tetanus (Tetox) _____

Describe any SPECIAL health problems _____

Any SPECIAL medications _____ No _____ Yes Describe _____

Name of Drug _____ Dosage _____

Name of Drug _____ Dosage _____

Allergic to Any Medications _____ No _____ Yes Describe _____

Physicians Name _____ Office Phone _____

Address _____

Insurance Information

Company Name _____

Address _____

Policy # _____ Group # _____

Other Information Regarding Health: