

WBC PARENT RELEASE & STUDENT PARTICIPATION FORM

I/We the undersigned, parent(s) or legal guardian(s) of the minor listed below do authorize any X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any state licensed physician or dentist and hospital service that may be rendered to said minor under the general, specific, or special consent of **(WBC Pastor/ministry director)** and /or authorized WBC sponsor, the temporary custodian of the minor. I/We further acknowledge that any activity carries risk of incident or accident resulting in injury or possible fatality and do hereby release liability of risk of incident or accident resulting in injury or possible fatality and do hereby release liability of Windom Baptist Church, Windom, Texas, its staff, and/or sponsor in case of such an occurrence. This consent shall remain effective until 12:00 midnight on the 30th day of June 2023 unless sooner revoked in writing and delivered to **(WBC Pastor/ministry director)** of Windom Baptist Church, Windom, Texas. Signatures of **all** parent/legal guardians are required on this form. I/We acknowledge that it is assumed by WBC that all parents and/or legal guardians of the stated minor have signed this form and acknowledge sole responsibility for release.

I/We also acknowledge and give consent for the minor listed below, of whom I/we hold legal custody, to participate in WBC activities in which the following conditions may exist (Consent is acknowledged by parent(s) and/or legal guardian(s) initialing next to each condition).

I/We acknowledge that my/our child may be riding in an automobile driven by only one approved adult and no fewer than two minors; never is there to be one adult and one minor left one on one in vehicle. **(initial)**____/____.

I/We acknowledge and approve of my/our child being counseled in the church office, one on one, by an approved minister of WBC, Windom, Texas. **(initial)** ____/____.

I/We acknowledge and approve of my/our child participating in over-night church activities. **(initial)** ____/____.

I/We acknowledge that the likeness of my child may be taken in photo or video format for advertising or promotional purposes. I release all claims on such media to Windom Baptist Church, Windom, Texas. **(initial)** ____/____.

STUDENT COVENANT

By signing this covenant, I agree to follow these guidelines during each of the WBC youth/children meetings and events so that I may be an example to others and fulfill the mission of WBC.

I promise to...

- Respect the leadership of the adult youth/children workers and volunteers.
- Be where I am supposed to be when I am supposed to be there.
- Respect my body, health, and the health of others.
- Respect others and their property.
- Use positive appropriate language that builds others up. For example:
 - No gossip
 - No peer pressure
 - No making fun of others
 - No vulgar language
- Wear clothing that is modest and does not make others uncomfortable.
- No PDA (Public Display of Affection).
- Represent my family and my church well.

I agree to follow this **WBC Student Covenant** which is also the Code of Behavior for all persons that participate in the WBC Student events. I understand that if I violate any of these rules, I will be counseled by the youth/children's leader in the presence of another adult youth/children's worker. If the violation is serious, the youth/children's leader has the option of calling my parent/guardian and/or sending me home at my parent/guardian's expense.

Student Name (printed): _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

STUDENT INFORMATION

Student's Name: _____ Year: **2022-2023**

Date of Birth: ____/____/____ Grade: _____ Home Phone: _____

Mailing address _____ Student Cell #: _____

Home address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian: _____ (Print) _____ (Signature) _____ /____/____ (Date)

Cell #: _____ Work #: _____ Email: _____

Parent/Legal Guardian: _____ (Print) _____ (Signature) _____ /____/____ (Date)

Cell #: _____ Work #: _____ Email: _____

(NOTE: A copy of the insurance verification card for the above listed minor must be attached to form.)

Allergies and /or Complications:

List any medications taken on a regular basis:

(Please list any allergies or other complications, conditions, and concerns)

<u>Emergency Contact #1 (other than parent)</u> Name: _____ Relationship: _____ Cell: _____ Wk: _____	Medical insurance Co. : _____ Policy # _____ Family Doctor: _____ Hospital Preference: _____ Date of last tetanus shot: _____
<u>Emergency Contact #2 (other than parent)</u> Name: _____ Relationship: _____ Cell: _____ Wk: _____	

(Copy of Insurance Card)