

PERMISSION SLIP FOR FAITH BAPTIST CHURCH – CABOT, AR

JANUARY 1, 2009 – DECEMBER 31, 2009

PERMISSION/MEDICAL RELEASE FOR

NAME _____ **PHONE** _____

ADDRESS _____ **CITY** _____

ZIP _____ **BIRTH DATE** ___/___/___ **SCHOOL** _____ **GRADE** _____

PARENT/GUARDIAN'S NAME _____

VISITOR? WHO INVITED YOU? _____

I GIVE PERMISSION FOR MY CHILD TO JOIN THE YOUTH OF **FAITH BAPTIST CHURCH OF CABOT, AR**, IN ANY OF THE ACTIVITIES OR TRIPS SPONSORED BY THE CHURCH, ITS STAFF AND SPONSORS. I HEREBY RELEASE THEM FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY SUSTAIN DURING THIS ACTIVITY. IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE AN ADULT LEADER OF THIS ACTIVITY AS AGENT FOR ME, TO CONSENT TO ANY X-RAY EXAMINATION, MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS, TREATMENT, AND HOSPITAL CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON, DENTIST (AS APPROPRIATE), LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR IN ANY HOSPITAL. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE.

THIS DOCUMENT WILL BE VALID AND IN FULL EFFECT FROM **JANUARY 1, 2009 – December 31, 2009**

DATE: MO/DAY/YR PARENT'S SIGNATURE

EMERGENCY PHONE NUMBERS: 1. _____ 2. _____

MEDICAL INFORMATION: (REQUIRED FOR ALL OFF-CAMPUS ACTIVITIES)

ALLERGIES _____

MEDICATIONS BEING TAKEN _____

PHYSICAL HANDICAPS _____

MEDICAL INSURANCE Co. _____

NAME OF POLICY HOLDER _____ POLICY # _____

YOU WILL NOT BE ALLOWED TO GO ON ANY YOUTH TRIP OFF-CAMPUS WITH FAITH BAPTIST CHURCH WITHOUT A PERMISSION SLIP SIGNED BY YOUR PARENT/GUARDIAN ON FILE.

YOUTH MINISTRY GUIDELINES

The following are the guidelines of the Youth Ministry of Faith Baptist Church. These guidelines are in the best interest of the total ministry of the Church and they will be firmly, yet lovingly, enforced.

1. **Enjoy yourself.**
 2. **Youth will respect the authority of each adult involved in the Youth Ministry. In the event that this respect is not given, parents will be immediately informed.**
 3. **In light of the spiritual focus of the Youth Ministry, only Christian music will be played on trips. (The use of any personal listening devices will be at the discretion of the Youth Pastor.)**
 4. **Modest one-piece swimsuits for guys and girls will be the standard for all Church activities. Chaperones will decide on questionable attire.**
 5. **Everyone's shorts are to be school standard (finger-tip level while standing with arms extended straight down). Biking shorts will be worn only underneath "finger tip" shorts.**
 6. **T-shirt messages are to be wholesome. (The Christian lifestyle does not promote the lifestyle of most secular society.)**
 7. **Enjoy holding hands! No draping, hanging on, sitting on, or kissing between couples.**
 8. **Use trash containers provided. Please don't throw trash anywhere other than the containers provided. All groups will clean the vehicles and facilities used before the end of the trip or program.**
 9. **For your safety, do not wander the halls or parking lots. Please be at all scheduled activities you are involved in. (Parents will be notified by the Youth Pastor for infractions of this rule.)**
 10. **No tobacco products, alcohol, or other controlled substances.**
- **If a discipline problem is deemed serious enough, the youth will not be allowed to attend the next youth trip, and will be sent home at the parent's expense.**

I have read and agree to follow these guidelines.

Youth Signature

Date

Faith Baptist Church, AR
301 Bill Foster Memorial Hwy.
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Cabot, AR 72023
(501) 843-5291