



TRINITY BAPTIST CHURCH PARTICIPANT FORM

1088 Hughes Road; Madison, Alabama 35758
256-837-9737 • www.trinitymadison.com

PARTICIPANTS NAME _____

ADDRESS _____ BIRTH DATE _____

CHILD'S CELL _____

CHILD'S E-MAIL _____ HOME PHONE _____

MOTHER'S NAME _____ FATHER'S NAME _____

WORK PHONE _____ WORK PHONE _____

CELL PHONE _____ CELL PHONE _____

E-MAIL _____ E-MAIL _____

ALTERNATE CONTACT _____

ADDRESS _____ RELATIONSHIP TO PARTICIPANT _____

HOME PHONE _____ CELL PHONE _____

WORK 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 Trinity Baptist Church, Madison, AL, its affiliates, assigns, representatives, staff, contractors, and employees (collectively, "TBC") in any and all media, including but not limited to newspapers, brochures, pamphlets, television, radio, magazines, advertising, TBC publications or video productions, and the Internet. I hereby relinquish any right, title or interest in such interviews, photographs and/or tapes, and to any control over their use. I understand that at no time will anyone be identified by name in any and all TBC media. I hereby release and forever discharge and agree to hold harmless TBC from any and all liability arising from the interview, photograph and/or tape and any newspaper, brochure or magazine article and/or advertisement (print, broadcast or Internet) and/or any other use by TBC of this interview, photograph and/or tape.

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

Permission for Medical Treatment

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

I also consent to an 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 licensed physician and/or surgeon.

I do hereby release and forever discharge Trinity Baptist Church, Madison and any representative of Trinity Baptist Church, Madison 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 situations 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 GAURDIAN SIGNATURE:

Notary acknowledgement

Signature of Parent/Legal Guardian _____ Date _____ Seal of Notary
(do not sign except in presence of a notary)

Signature of Notary _____ Date _____

My commission expires _____

(HEALTH INFORMATION ON BACK SIDE →)

CHILD'S HEALTH INFORMATION

NAME _____ Date of Birth ___/___/___

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 _____

Physician's Name _____ Office Phone _____

Address _____

Name of Medical Insurance Company _____

Address _____

Policy Number _____ Group Number _____

Policy Holder's Name _____ DOB _____

Other Information regarding Individual's Health:

CHILD'S AGREEMENT TO CODE OF CONDUCT

As a participant in church activities, the child agrees to:

- Not bring or use alcohol, drugs, or tobacco
- Not to fight or bring weapons, fireworks, lighters, or explosives
- Dress appropriately
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participate with the group and follow the event schedule
- Respect other participants, staff, adult leaders and property

Children who fail to comply with these expectations may be sent home at their parents' expense.

I, _____ (child), have read the above code of conduct and the permission to participate in church activities. I agree to abide by the stated personal limitations and code of conduct.

Child's signature: _____ Date: _____