

Lee Park Baptist Church
Student Ministries Liability Release for 2011

200 Tomberlin St.
Monroe, NC 28112

(Please Print Clearly)

Student's Name _____ Gender _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____

Name of Parents/Legal Guardians _____
(with whom you live)

Health Insurance Company _____ Policy # _____

List and known allergies of the student:

List any medications taken by the student:

I, the parent or legal guardian of the student listed on this form certify that he/she has my full approval to participate in Lee Park Baptist Church youth activities for the year 2011. The student identified on this form understands that students are expected to follow rules set forth by Lee Park Baptist Church on all activities.

Lee Park Baptist Church is the disciplining authority for youth events. If necessary, they may require a student to leave because of misconduct, gross disrespect, harmful behavior, or blatantly immoral actions. In such instance, I will assume full responsibility for returning the student home.

Further, I the parent or guardian do release and hereby agree to hold blameless Lee Park Baptist Church, its staff, and its volunteers from any and every claim arising, or which may be asserted by me or any member of my family as a reason of participating in any activities associated with Lee Park Baptist Church.

Further, I the Parent or guardian do authorize the minister or volunteer of church activities or any Lee Park Baptist church staff member, in the even that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. I also authorize the minister or volunteer of Lee Park activities or any Lee Park Baptist Church staff member to give my child over the counter medication as directed on the medication. I recognize that it is my responsibility to ensure that all allergies—food, medication, or otherwise—are listed on this form. I also recognize that it is my responsibility to provide any updates to the information listed on this form in writing.

