

# DNow Weekend '20 \* Medical/Video&Photo/Transportation Release Form

Note: Registration requires submission of completed forms and payment.

Student's Name: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Address: \_\_\_\_\_ Student's Gender: M  F  Student's Current Grade: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Parent's Phone #(s): \_\_\_\_\_

## REGISTRATION INFORMATION

Event dates are APRIL 17-19, 2020. \$65 standard registration \$50 "For Friends of Mine" Deal - Bring 2 friends we don't know & all 3 of you register for \$50 each by April 5th. (Deal limited to first 100 students.) Early registration is important to secure necessary host homes and plan appropriately. Make checks payable to your participating church with "DNow/child's name" in the memo line. For more event information contact any participating church office. FBCH parents can pay online using Realm.

## PARENT/GUARDIAN PERMISSION (required if under 18 years old)

As custodial parent/guardian, I give my consent for \_\_\_\_\_ to attend DNow Weekend '20 at FBC Huntersville, NC, and be transported by personal vehicles to & from host homes, participating church campuses, & project worksites.

\_\_\_\_\_  
*Signature of custodial parent*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Date*

## YOUTH EVENT DISCIPLINE POLICY (signature required)

Although behavior problems are not anticipated, it is important that both youth and parents be aware of our discipline policy. A discipline problem is defined as an act or behavior that causes a disruption to youth group activities or could result in potential harm to another person (i.e. breaking curfew, physical aggression toward others, verbal insults, refusal to do assigned task, etc.). In the event that a discipline problem occurs, on the first occurrence the offending youth will be issued a verbal warning by their Youth Pastor or a designated chaperone. If there is a second occurrence, the youth will be issued a second warning and parents will be called to discuss the issue. A third offense automatically requires that the parent(s) will immediately travel to pick up their child. In instances where serious physical harm could occur, their Youth Pastor may use his/her discretion to contact parents to pick up their youth after the first offense.

\_\_\_\_\_  
*I have read and understand this policy (participant).*

\_\_\_\_\_  
*I have read and understand this policy (parent).*

## VIDEO & PHOTOGRAPHY RELEASE

During the DNow '20 Weekend both video and photography will be used to enhance worship services and provide follow-up and future publicity of the event for participating churches. By signing, I understand that I give my permission to use any video & photo of participating youth for the explicit purposes specified above.

\_\_\_\_\_  
*I have read and understand this policy (participant).*

\_\_\_\_\_  
*I have read and understand this policy (parent).*

## YOUTH EVENT TRANSPORTATION POLICY

For planned events, leaders must obtain written permission from parents before transporting youth in personal or commercial vehicles to any FBC-H sponsored activity or event. In the case of "spontaneous events," verbal permission from the child's parent is acceptable, and will be obtained by leaders (not youth) via a pre-planned phone tree. Leaders must record in writing the verbal response of the parent. No youth may be transported where neither written nor verbal permission is available. In all cases, vehicles used to transport youth must be properly registered and insured, have a valid registration and state inspection sticker, and must be driven by individuals at least 25 years of age who have a valid, non-probationary driver's license and no physical disability that may impair their ability to drive safely. An individual seat belt must be provided for each passenger, which must be worn at all times.

## MEDICAL INFORMATION/PERMISSION/RELEASE

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Accident/Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Immunizations:  Tetanus  Flu  Polio Booster  Measles  Mumps Childhood Diseases:  chickenpox  measles  whooping cough  other

Allergies: type, description of symptoms, etc.: \_\_\_\_\_

Previous operations/serious illnesses: \_\_\_\_\_

Is your child currently on any medication, or have special dietary restrictions: \_\_\_\_\_

## PERMISSION FOR TREATMENT

In case of medical emergency, I give my permission for the Youth Leaders & Adult Chaperones participating in this event to secure necessary medical treatment in case of sickness or injury for: \_\_\_\_\_.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release, remiss and forever discharge all sponsors, First Baptist Church and any other participating churches from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in this DNow Weekend '20 church event.

Date this \_\_\_\_\_ day of \_\_\_\_\_, 2020. \_\_\_\_\_

*Signature of parent or guardian*