

**YOUTH HEALTH/PERMISSION FORM -2011-2012**

Southmont Baptist Church  
2801 Pennsylvania Ave  
Denton, TX 76205

Main Office: 940-566-3313  
Youth Ministry: Ext 252  
Email: Darrell.Halk@Southmont.org

I PARTICIPATE IN:  Youth Ministry Activities

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Apt. #)

(City)

(State)

(Zip)

PHONE:( \_\_\_\_\_ ) BIRTHDAY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Month)

(Day)

(Year)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

NAME OF YOUR PHYSICIAN: \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER:( \_\_\_\_\_ ) \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

FATHER:(Name) \_\_\_\_\_ (Work #) \_\_\_\_\_

FATHER'S HOME ADDRESS AND HOME PHONE (if different from above): \_\_\_\_\_

MOTHER:(Name) \_\_\_\_\_ (Work #) \_\_\_\_\_

MOTHER'S HOME ADDRESS AND HOME PHONE (if different from above): \_\_\_\_\_

LIST ANY ALLERGIES, MEDICATIONS (AND DOSAGE) YOUR CHILD IS TAKING OR ANY OTHER MEDICAL INFORMATION THAT THE DOCTOR SHOULD KNOW. **Please indicate if there are none.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED ONLY IF YOU HAVE ONE**

Driver's License # \_\_\_\_\_

PERMISSION FORM ON OTHER SIDE MUST BE COMPLETED  
FOR FORM TO BE VALID

Southmont Baptist Church of Denton, Texas  
2801 Pennsylvania Ave  
Denton, Texas 76205

RELEASE OF CLAIMS FOR FUTURE ACCIDENTS FOR A MINOR

I, \_\_\_\_\_  
(Name of Parent or Guardian, please print)

of the city of \_\_\_\_\_, State of Texas,

hereby affirm that my child, \_\_\_\_\_,  
(Child's Name, please print)

will be participating Jan 1, 2011 through January 1, 2012 in the Southmont Baptist Church youth Ministries, hereinafter referred to as "the Activity".

I certify that I am cognizant of the inherent dangers associated with participating in the Activity and with the fact that participating in the Activity may take place outside of, or off, Church premises.

I understand and agree that neither the Southmont Baptist Church of Denton, Texas, nor its officers, trustees, representatives, instructors, volunteers or agents may be held liable in any way for any occurrence in connection with my child's participating in the Activity which may result in injury, harm, or other damages to me or my family.

As a part of the consideration for being allowed to enroll and participate in the Activity, I hereby personally assume all risks in connection with my child's participation in the Activity. I further release Southmont Baptist Church of Denton, Texas, its officers, trustees, representatives, instructors, volunteers and agents for any injury or damage which may befall my child while my child is enrolled in or participating in the Activity. I further agree to save and hold harmless Southmont Baptist Church of Denton, Texas, its officers, trustees, representatives, instructors, volunteers and agents from any claim by me, or my family, estate, heirs or assigns arising out of my child's enrollment and participation in the Activity. I also authorize the youth leaders or anyone else participating in the Activity with my child to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur while participating in the Activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release: that I understand the terms herein are contractual and not a mere recital: and that I have signed this document of my own free act and coalition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

SIGNATURE: \_\_\_\_\_  
(Parent or Guardian)

Date: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_