

**Steele Heights Baptist Church
Student Ministry ON/OFF SITE
EVENT PARTICIPATION FORM**

STUDENT INFO

Name	

Gender (circle one)	Male / Female
Birthdate/Age	Birthdate: _____ Age: _____
Address	_____
Postal Code	_____
Phone Number	_____
City/Province	_____
Email	_____
Cellphone	_____
Health Card #	_____

**Emergency Contact Information
PARENT OR LEGAL GUARDIAN
INFORMATION**

(Mother or Legal Guardian) Name	

Home Phone	_____
Work Phone	_____
Cell Phone	_____
Email	_____
Marital Status	_____
(Father or Legal Guardian) Name	

Home Phone	_____
Work Phone	_____
Cell Phone	_____
Email	_____
Marital Status	_____
(Alternate Contact) Name	

Relationship to Student	_____
Phone Number	_____

Major Medical Conditions:

Please list any and all medical problems your child has so that we may be aware of his or her needs and provide them with the necessary care should something happen.

IMPORTANT: Please notify Steele Heights Baptist Student Ministries if your child has been exposed to a communicable disease within three weeks prior to any student ministry activity. This health information is correct so far as I know, and my son/daughter has my permission to engage in all prescribed activities except as noted due to a medical condition. I agree to update the above medical information regarding my son/daughter as is appropriate.

AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by Steele Heights Baptist Student Ministries and Steele Heights Baptist Church to provide medical care in the best interest of my son/daughter in case of a medical emergency. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Steele Heights Baptist Student Ministries and Steele Heights Baptist Church to treat my son/daughter, including hospitalization, if necessary. This form, when complete, may be photocopied for trips away from Steele Heights Baptist Church.

Signed by Parent(s) or legal Guardian(s):

Date:

Transportation Waiver

I (We) hereby grant Permission to Steele Heights Baptist Church Student Ministries, Pastors of Steele Heights Baptist Church and approved Student Ministry Team leaders (volunteers of Steele Heights Baptist Church) allowing them to transport my child/children during any and all off site SHBC Student Ministry activities and ministry visits

Name of Child/children:

Name of Parent(s) or legal Guardian(s):

Print _____

Signature _____

Date:

Photo Consent and Release Form

I (We) understand that promotional pictures (individual and group) have been/will be taken during Church events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, Social Media, promotional signs, etc.) in highlighting the event. Names will not be used.

By signing this, I release Steele Heights Baptist Church any and all liabilities and waive all claims against them.

Name of Child/children:

Name of Parent(s) or legal Guardian(s):

Print _____

Signature _____

Date:

Steele Heights Baptist Church Student Ministry Youth Participation form package



**Parents/Legal Guardians,
it's boring, but please fill out
these forms for your
child, which includes:**

- On/Off site event participation
- Emergency Contact Information
- Major Medical Information
- Transportation Waiver
- Photo consent and release form

Student Name: _____