

EBAP YOUTH 2023-2024 REGISTRATION FORM

NAME: _____

Contact Information

(of youth)

Email

Grade:

Phone

Birthday:

Address Line 1

Address Line 2

City

State/Province

Postal Code

Parent 1:

First Name

Last Name

Email

Phone

Parent 2:

First Name

Last Name

Email

Phone

Medical:

Allergies

Medical Conditions

* Please add me to the Monthly Scoop (monthly email about youth events) Yes No

I give Emanuel Baptist Church Permission to use my child's photo

Internally ____ Externally ____

PARENTAL/GUARDIAN WAIVER AND PERMISSION

I _____ the legal guardian of _____ give consent for him/her to participate fully in the youth retreat and weekly activities. IN CONSIDERATION OF Emmanuel Baptist Church allowing me or my child to participate in the activities, I agree on behalf of myself and/or my child: TO ASSUME and ACCEPT ALL RISKS arising out of, associated with, or related to my or my child's participation in the activities.

TO WAIVE and RELEASE the Emmanuel Baptist Church from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the Activities due to any cause whatsoever. TO INDEMNIFY and HOLD HARMLESS the Emmanuel Baptist Church from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the Activities.

TO INDEMNIFY and HOLD HARMLESS Emmanuel Baptist Church from any and all claims, demands, actions, and costs for any loss, injury, damage, or expense whatsoever that might arise out of my or my child's participation in the Activities. TO INDEMNIFY and HOLD HARMLESS the Emmanuel Baptist Church and all its officers, agents, servants and employees, acting officially or otherwise, from any and all actions, causes of action, claims and demands for, upon, or by reason of any injury, damage, loss, or death which may occur from any cause including, but not limited to any accident while participating individually or with others in said events.

WHEREAS I plan to participate in the Youth Group and related activities, I hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the youth group activities.

Parent/guardian's signature & date
