

FCBC Youth

Universal Permission Form

Effective Dates: September 1, 2025 – August 31, 2026

YOUTH INFORMATION

Name _____ Grade _____ DOB _____
School: _____
Primary Address: _____
Allergies: _____
Youth Email _____
Youth Home Phone _____ Youth Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Name(s) _____
Email(s) _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name _____	# _____	Type? _____
Name _____	# _____	Type? _____
Name _____	# _____	Type? _____
Name _____	# _____	Type? _____

EMERGENCY CONTACT

Name _____	# _____	Relation? _____
Name _____	# _____	Relation? _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name)("Participant"), to attend and participate in any Faith Community Baptist Church children/youth ministry activities, events, retreats and childcare during the period of September 1, 2024 – August 31, 2025.

LIABILITY RELEASE: In consideration of Faith Community Baptist Church allowing the Participant to participate in children/youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Faith Community Baptist Church, its pastors, members of Council, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth

activities and childcare. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in children/youth ministry activities and childcare, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I, the undersigned, authorize Pastor Matt or one of the Faith Community Baptist Church ministry staff to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named below. I undertake and agree to indemnify and hold blameless Faith Community Baptist Church, its pastors, and members of Council, from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Faith Community Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing the Church. This consent and authorization is effective only when participating in or traveling to events of the Faith Community Baptist Church.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Faith Community Baptist Church. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

_____	x	_____
Name of youth participant	Signature of youth participant	Date

_____	x	_____
Name of parent/guardian	Signature of parent/guardian	Date

PHOTOS: Please sign below to grant permission for the reasonable use of pictures containing your child/teen in any or all of the following ways: website, Instagram, Facebook, in church, newsletters, and brochures/promotional material.

_____	x	_____
Name of youth participant	Signature of youth participant	Date

_____	x	_____
Name of parent/guardian	Signature of parent/guardian	Date