

**POPLAR SPRINGS BAPTIST CHURCH
YOUTH PROGRAM (GRADES 6-12)
ENROLLMENT FORM WITH RELEASES AND WAIVER
(Please fill out front of form and sign on the back. Thank you)**

Name: First _____ Middle _____ Last _____ Date of birth: ____/____/____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Home phone: _(____) _____ Cell phone: _(____) _____

Mother's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _(____) _____ Work phone: _(____) _____

Cell phone: _(____) _____ E-mail: _____

Father's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _(____) _____ Work phone: _(____) _____

Cell phone: _(____) _____ E-mail: _____

IF PARENT CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____ Phone: _(____) _____

Family physician: _____ Phone: _(____) _____

Insurance company: _____ Policy # _____

Allergies: (bee stings, medications, food, etc.) _____

Special medical information: (such as rare blood type, asthma, medications being taken, past surgery, etc.)

Can we administer the following over-the-counter medications? Check all that are acceptable:

Acetaminophen (Tylenol)

Ibuprofen (Advil, Motrin)

Benadryl

Antacid

Neosporin

Cough Drops

WAIVER AND RELEASE:

Youth's name: _____

The undersigned parent and/or legal guardian of the child named above hereby acknowledges that my child is presently under my care, custody and control. I hereby grant permission for my child to participate in all activities with the Poplar Springs Baptist Church's youth group, and acknowledge that he or she must abide by all operating policies and procedures. I agree to assume all responsibility and risk, which may occur as a result of my child's participating in such activities and release Poplar Springs Baptist Church and the program coordinator(s) from this responsibility and risk.

I give my permission and consent to the program coordinator(s), or any attending physician to make such decisions and to perform such medical treatment and/ or surgery upon my child, which may in their sole discretion, be necessary and proper under the circumstances.

I agree to indemnify, defend and hold harmless Poplar Springs Baptist Church and the program coordinator(s) from any and all actions, claims, causes of action, damages, and liabilities including attorneys' fees and costs arising out of my child's participating in such activities including the treatment of any sickness or accident incurred by my child. It is the intention of this release that the church and the program coordinator(s) incur no liability whatsoever arising out of my child's participation in such activities and the treatment, surgery, and any other medical need that my child, in their sole discretion may require while participating in such activities.

I HAVE READ AND UNDERSTAND THE ABOVE WAIVER AND RELEASE.

_____ Date: ___/___/___

Signature of parent and/or legal guardian

Poplar Springs Baptist Church has my permission to use my child's photo image in their church newsletter and on the website. ___ Yes ___ No

Child's name: _____

Parent's signature: _____ Date: ___/___/___

RULES OF CONDUCT EXPECTED FROM EACH YOUTH:

- Respect one another, staff and leaders; respect property and comply with event schedules
- No boys sleeping in girls' sleeping quarters and vice versa
- No bodily contact: holding hands, kissing, etc.
- No students permitted to drive for events
- No offensive or immodest clothing
- No offensive language
- No alcohol, drugs or tobacco permitted
- No fighting, weapons, fireworks, or lighters
- Participation with the group is expected

Failure to comply with these expectations could result in your youth being sent home at your expense.

Youth signature: _____ Date: ___/___/___

Parent signature: _____ Date: ___/___/___