



Longreach Baptist Church Youth Group Permission Form

Name _____ Age _____ M/F _____
 Address _____

 Phone number _____ Alternative contact number _____
 Any medication that he/she is on _____ Childs Swimming Ability _____
 Things he/she might be allergic to _____
 Other things the Youth Leaders need to be aware of: _____

The young person named above has my permission to participate in Longreach Baptist Church Youth Group for 2019.

I / we give permission to the Youth Ministry Leaders to seek whatever medical attention is deemed necessary, and release Longreach Baptist Church and the youth ministry leadership team from any liability against any personal injury or loss in respect to my/our child.

I / we the undersigned have legal custody of the above-named student. I /We understand that there are inherent risks involved in any ministry or youth event, and I / we hereby release Longreach Baptist Church, its pastor/s, adult leaders and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my /our child's involvement. In the event of injury and the need for medical attention, I / we consent to any reasonable medical treatment.

I / We agree to the following:

1. That the youth ministry leaders and pastor/s of Longreach Baptist Church have the right to direct my child/ren with the expectation that my child/ren behave with respect and follow the directions of leaders.
2. That students who do not follow the reasonable and lawful requests of the youth leadership team and pastor/s may be required to return home at our time and expense with no refund of any event fees.

Photographs

From time to time photographs may be taken of youth group activities. These photographs may be used in church services for promoting activities or celebrating the activities of the group. These photographs may also appear on the church Facebook or webpage. Please indicate your approval of this use by circling **YES**, or your disapproval by circling **NO**. If you circle **NO** your child's image will not appear in these locations.

YES I give permission for my child's photograph to be used in church services or on the church Facebook or webpage.

NO I do not give permission for my child's photograph to be used in church services or on the church Facebook webpage.

_____ / ____ / 2019
 Parent/Guardian Name _____ Signature _____ Date _____