

theFLOOD

South Haven Baptist Church Student Ministries

Permission For and Emergency Information for the New Year's Bash (Lock-In) at SHBC 7:30 PM 12/31/09 – 7:30 AM 1/1/10 Students Grades 7 – 12 Cost: \$10

Please print clearly & return with appropriate payment to Bud or Lindsey.
No one will be allowed to attend without a completed form.

Name of Participant _____

Address _____

City, State, Zip _____

Phone/Cell _____

Date of Birth _____

School _____

Grade _____

Male Female

EMERGENCY CONTACT INFORMATION

Parent or Guardian _____

Address _____

Phone/Cell _____

Chronic Conditions (e.g. Allergies, Epilepsy, Diabetes) _____

Medical Insurance Policy Number _____

Member's Name _____

Family Doctor _____ Phone# _____

RELEASE AND INDEMNIFICATION AGREEMENT

- A. As the above-named participant, I hereby register and commit to attend SHBC New Year's Bash. I further agree to the terms of the Release and Indemnification Agreement, and I agree to comply with the Code of Behavior set forth below.
- B. As a parent or guardian of the above-named participant, I give my permission for my child or ward to register for and attend the event.
- C. The undersigned release from all liability, and indemnify and hold harmless **South Haven Baptist Church** and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or traveling to or from this activity.

Both Sides MUST be completed



CODE OF BEHAVIOR

1. Participants must stay and participate in the entire event. Participants with parent or legal guardian approval may leave the premises but will not be allowed to reenter.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language will not be tolerated.
4. No public displays of affection will be tolerated.
5. Participants must heed any and all directions of activity staff.
6. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/guardians.
7. Failure to abide by this Code of Behavior may result in a request to parents/guardians to transport offending participants from the premises, and the parents/guardians shall immediately comply with the request.

I HAVE READ AND UNDERSTAND ALL CONTAINED IN THIS AGREEMENT.

Student's Signature & Date _____

Parent/Guardian Signature & Date _____

CONSENT FOR EMERGENCY TREATMENT

At the time of an emergency, in the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for any treatment deemed necessary by the preferred listed doctor or dentist, or in the event the listed doctor/dentist is not available, by another licensed physician or dentist. I also agree to the transfer of my child(ren) to any reasonably accessible hospital where further consent will be obtained before treatment.

Preferred Doctor & Phone _____

Preferred Dentist & Phone _____

Parent/Guardian Signature & Date _____

NON-CONSENT FOR EMERGENCY TREATMENT

I do not give my consent for emergency medical treatment of my child(ren). In the event of illness/injury, I will SHBC to take the following actions:

Parent/Guardian Signature & Date: _____

Both Sides MUST be completed