

CCBC Family Life Center

I give permission for my son/daughter, _____ to participate in all activities at the Family Life Center at Cedar Crossing Baptist Church under the supervision of the Director of Youth Ministry and other designated adult leaders. This also gives permission for riding in the Church van or personnel vehicle while traveling to and from event locations and to pick up and carry your child home.

I understand that my son/daughter is to be on their best behavior, and that I will be contacted to pick up my son/daughter, should their behavior and actions render necessary (an incident report will be filled out and kept on file). I understand that my son/daughter is to be picked up no later than 11PM. If my son/daughter is not picked up on time, after the 3rd offense they will be put on probation and not able to come back for 3 months.

I also understand that there are risks associated with this activity, and I accept responsibility for any injury that occurs to my son/daughter during their participation in this activity. I assume to agree liability for any accident or injury that may occur as a result my son/daughter's participation in this event and/or transportation involved with this event. I give my permission for the adult leaders to take any medical actions necessary if my child requires medical attention.

Please initial next to one of the following statements:

_____ Cedar Crossing Baptist Church has my consent to use my child's photo on publications including but not limited to the church webpage, church newsletters, and/or social networking such as the church/youth Facebook page.

_____ Cedar Crossing Baptist Church may NOT use my child's photo in any church publications.

Youth Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Phone Number: _____

Secondary Emergency Contact Name: _____

Secondary Emergency Contact Phone Number: _____