



# FBC Youth Welcome Packet

## 2020-2021



First Baptist Church of Hoquiam—729 Eklund Ave, Hoquiam, WA 98550 — (360) 532-4887



## **Marcus McDaniel: Senior Pastor**

Age: 46

Favorite Verse: Proverbs 3:5-6 Trust in the Lord with all your heart, and do not lean on your own understanding. In all your ways acknowledge him, and he will make straight your paths.

I love to help people enter into and enjoy a relationship with God. I love to teach the Bible, eat good food, and play games.

## **Madison McDaniel: Volunteer Youth Staff**

Age: 21

Favorite Verse: Mark 9:24 — I believe, help my unbelief.

God gave me a home and a family; brothers and sisters that outnumber the stars. I love stories whether in books or video games. I desire to learn from life and from the lives of others and to help others grow to be who God has



## **Ashton McDaniel: Volunteer Youth Staff**

Age: 19

Favorite Verse: Psalm 27:14 — Wait for the Lord; be strong and let your heart take courage; wait for the Lord.

I love worship, photography, times in fellowship with friends and all things fashion.

## **James McDaniel: Student Leader**

Age: 17

Favorite Verse: Luke 6:31 — And as you wish that others would do to you, do so to them.

I love to play sports and my true passion is living for God.



Dear Parents and Guardians,

We want to begin by thanking you for the opportunity to work with your youth. We count it a privilege to be in their lives and to encourage their growth. It is our goal to work alongside you as the frontline caregiver in your child's life. Your influence will run deeper than any other they will have in their lives and we want to support and encourage you as well as minister to your child. If you have any questions about our church, the youth group, this packet, or our faith please don't hesitate to contact me directly.

Sincerely,

Marcus McDaniel

Senior Pastor, First Baptist Church of Hoquiam

(425) 977-3600

# *Youth Group*

**EVERY TUESDAY NIGHT  
5:30-8:00**

FREE DINNER  
GAMES  
WORSHIP  
LESSONS FOR LIFE



## Media Release: Youth

I, the legal parent/guardian of

\_\_\_\_\_, hereby authorize and consent to the use of images or videos of my child listed above, with or without their name, by First Baptist Church of Hoquiam, WA for purposes including but not limited to: promotional materials, printed publications, internet posts including social media, television, and other media sources.

I do this with full knowledge and consent and waive all claims for compensation for use or for damages. I release First Baptist Church of Hoquiam, its officers, trustees, employees, and agents from liability for any claims by me or any third party in connection with the use of the image of my child/children listed above.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

# AUTHORIZATION FOR MEDICAL TREATMENT

I, \_\_\_\_\_, am the parent or legal guardian  
(NAME OF PARENT OR GUARDIAN OF MINOR)  
of \_\_\_\_\_ (hereinafter "my child"), who was born  
(NAME OF MINOR)  
on \_\_\_\_\_, \_\_\_\_\_.

My child is attending and participating in activities at First Baptist Church of Hoquiam (The Church) located at: 729 Eklund Ave in the City of Hoquiam, County of Grays Harbor, and State of WA, beginning on the day of \_\_\_\_\_.  
Today's Date

I hereby authorize the Pastor, Leader, or Director and his/her officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this Church.

Into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic,

medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the Pastor, Leader, or Director and his/her officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this Church, to receive physical custody of my child, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Pastor, Leader, or Director and his/her officers, agents, servants, or employees that are 18 years of age or older who supervise the activities at this Church.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care

being required but is given to provide authority and power on the part of the supervisor or his/her authorized designee, in the exercise of his/her best judgment, upon advice of such physician, dentist, and surgeon, may deem advisable.

Dated: \_\_\_\_\_, 2 \_\_\_\_\_

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(SIGNATURE OF PARENT OR GUARDIAN)

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Parent/Guardian

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Address

---

City

---

State

---

ZIP Code

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Home Phone No.

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Work Phone No.

---

Medical/Health Insurance Company

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Insurance Policy No.

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In case of emergency, notify

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Relationship to Minor

---

Emergency Phone No.

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Allergies/Allergic reactions of my child

Additional Information:

Medicine being taken by my child:

Other information regarding my child's health that a doctor should know

# RELEASE, WAIVER, AND INDEMNITY AGREEMENT

IT IS THE INTENTION OF \_\_\_\_\_ BY THIS AGREEMENT  
(PARENT OR GUARDIAN OF MINOR)

TO EXEMPT AND RELIEVE THE FIRST BAPTIST CHURCH OF HOQUIAM AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH OF \_\_\_\_\_ CAUSED BY ANY ACT OF NEGLIGENCE  
(NAME OF MINOR)  
OF THE FIRST BAPTIST CHURCH OF HOQUIAM AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES.

For and in consideration of permitting \_\_\_\_\_ to observe, or use any facility or  
(NAME OF MINOR)  
equipment of The First Baptist Church of Hoquiam or engage in and/or receive instruction in any activity or activity incidental thereto **SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY** at: The First Baptist Church, in the city of Hoquiam, County of Grays Harbor, and State of WA, beginning on the day of \_\_\_\_\_,  
(Today's Date)

and/or guardian of \_\_\_\_\_: hereby voluntarily and absolutely releases,  
(NAME OF MINOR)

discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to \_\_\_\_\_  
(NAME OF MINOR)

as a result of \_\_\_\_\_'s observing or using facilities or equipment of The First  
(NAME OF MINOR)

Baptist Church of Hoquiam or engaging in or receiving instructions in any activities **SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY** or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue.



The undersigned parent or guardian of \_\_\_\_\_ for him/herself, his/her heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against The First Baptist Church of Hoquiam, or its officers, agents, servants, or employees, the undersigned parent or guardian **will indemnify and hold harmless The First Baptist Church of Hoquiam and its officers, agents, servants, or employees** from any and all claims or causes of action by \_\_\_\_\_ or by any other person or entity, by whomever or wherever made or \_\_\_\_\_

(NAME OF MINOR)

(NAME OF MINOR)

presented, and **under no circumstances will the undersigned parent or guardian of \_\_\_\_\_ present any claim against The First Baptist Church of Hoquiam and \_\_\_\_\_**

(NAME OF MINOR)

**said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by The First Baptist Church of Hoquiam and said persons.**

**The undersigned parent or guardian represent that he/she has read this Release**, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, **assumes all risks associated with such dangers and risks**, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN OF \_\_\_\_\_.

(NAME OF MINOR)