**SIGN ACTIVITIES CONSENT FORM**

Name of youth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent(s) or guardian(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other person and/or number to call in emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Is your youth presently being treated for an injury or sickness or taking any medication? (Circle) Yes No

If yes, please explain.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your youth have, or has your youth ever had, any of the following? (Please Circle all that apply.)

Asthma Hay Fever Kidney Disease Diabetes Heart Related Issues Seizure Disorders Allergies or Other (explain below)

Please explain.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your youth ever sleepwalk (Circle) Yes No Youth’s blood type\_\_\_\_\_\_\_ (if known)

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity?(Circle) Yes No If yes, please explain.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Doctor’s Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Co.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent and Certification**

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled SIGN activities of First Baptist Church of Webster, WI, and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend youth trips from Sept.2022 to Aug. 2023. I also consent to the participation of my youth in The YAC (Youth Activity Center) of Webster. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. \_\_\_\_\_\_\_(Initials)

I certify to the use and storage of my youth’s name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to the activity of First Baptist Church of Webster, WI and The YAC. \_\_\_\_\_\_\_(Initials)

I certify to the use of any stored data including my youth’s name and image in printed publications of the Church/YAC, in electronic publications of the Church/YAC, in any Web site created by or for the Church/YAC. If I wish to revoke this consent for any reason, I will promptly notify the youth pastor in writing. \_\_\_\_\_\_\_\_\_(Initials)

I understand that The YAC is offered as an at will activity center for youth (5th-12th grade), therefore the YAC Volunteer Staff will not force my youth to stay on the premises. \_\_\_\_\_\_\_\_\_(Initials)

**Note to Parent**: If giving consent for one activity only, or if this consent is otherwise restricted, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Treatment Authorization**

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I

authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or

becomes ill. I authorize First Baptist Church Youth Leaders or The YAC Volunteer staff to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider. I authorize First Baptist Church Youth Leaders or The YAC Volunteer staff to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that First Baptist Church Youth Leaders or The YAC Volunteer staff will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth pastor, First Baptist Church Youth Leaders, or The YAC Volunteer staff in writing of any health changes that would restrict my youth’s participation in any normal youth activities. I also understand that the youth pastor, First Baptist Church Youth Leaders, or The YAC Volunteer staff reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Guardian Date**

**Youth Pledge**

I hereby pledge to uphold all policies of the SIGN of First Baptist Church of Webster and The YAC of Webster. During all youth activities and all youth trips, I pledge to follow the instructions of the youth leaders, including safety instructions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Student Date**