



First Baptist Church
Rockport, MA

2019 Youth Waiver / Permission Form

Name of Youth _____ Age _____

Parent/Guardian Name _____

Home Phone _____

Cell Phone _____

Email _____

Home Address _____

Emergency Contact Name & Phone _____

I hereby give permission for my son/daughter (print his/her name), _____ to attend First Baptist Church of Rockport's youth group events both on-sight and off-sight the church campus. I understand that for off-sight events he/she will be leaving from First Baptist Church of Rockport and riding in a van/car driven by one of First Baptist Church of Rockport's youth ministry leaders.

In the event of a medical emergency where I cannot be reached, my signature below gives the leaders of First Baptist Church of Rockport permission to consult an available physician, and the physician permission to treat my child as needed. I will assume the financial responsibility for treatment. As the parent or guardian of the above-named child, I promise to hold First Baptist Church of Rockport and its youth ministry blameless for any liabilities that may incur in connection with the event.

Parent/Guardian's Signature: _____

Date: _____