

MS

HS

# Laurelwood Youth Ministry Release Form 2025

Laurelwood Baptist Church  
17015 NE 6<sup>th</sup> Street  
Vancouver, WA 98684

Phone: 360-892-1060 Fax: 360-892-4760 www.laurelwoodbc.com

THIS FORM IS TO BE COMPLETED IN BLACK OR BLUE INK **BY THE MINOR'S PARENT/GUARDIAN**

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

School Now Attending: \_\_\_\_\_ Year: 6 7 8 9 10 11 12

Student Lives with: Mother Father Both Guardian Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employed By: \_\_\_\_\_ Work Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION** Date of Last Tetanus: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

List Any Allergies (peanut, bee sting, etc.): \_\_\_\_\_

Past Medical History (i.e. diabetes, asthma, seizures, motion sickness): \_\_\_\_\_

List any Medications Currently Taking: \_\_\_\_\_

List any Activity or Dietary Restrictions: \_\_\_\_\_

Are you aware of any RECENT injuries, illnesses, or other medical conditions that may cause additional and/or new injury when participating in any event?: Yes No

### **CONSENT FOR EMERGENCY TREATMENT**

In case of emergency, I hereby give permission to the physician selected by Laurelwood Baptist Church leaders to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery, for my child/ward as named above. In the event medical treatment is necessary, as stated, I give permission for my child to participate in all activities. If any changes occur, I will contact Laurelwood Baptist Church at the above address.

I, therefore, agree to assume as an explicit condition of my child's/ward's participations, any and all risks. I agree to hold harmless Laurelwood Baptist Church, its personnel, or other individual transporting my child from any and all liability, claims, damages, and expenses that may arise due to participation of my child/ward in any activities of the above organization.

I understand it is my responsibility to inform Laurelwood Baptist Church leaders of my child's/ward's change in any medical history that may cause additional and/or new injury when participating in any and all events.

Signature of Staff Member or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **STUDENT/PARTICIPANT AGREEMENT**

I, as a participant, understand that while in attendance of all Laurelwood Baptist Church events/activities, I am under the direction and authority of those leaders in charge. I also understand that the use of alcoholic beverages, illegal drugs, tobacco, fireworks, foul language, and abusive and lewd behavior are prohibited. I am expected, as a participant, to be with the group at all times. Any variance in the rules and/or regulations will result in immediate expulsion by asking my parents/guardians to pick me up or pay for transportation expenses for me to get home. These events/activities are for me and my friends of middle and high school age. I, the participant, have read this entire release form and agree to its content and have discussed it with my parents/guardians.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_