Gulf Breeze Presbyterian Church 100 Andrew Jackson Trail Gulf Breeze FL, 32561

**Church Permission/Waiver Form**

**2021-2022**

**Participant Information**

Name of Student/Adult Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt size: child: xs, sm, med, lg, xlg

adult: sm, med, lg, xlg, 2xlg

**Medical/Health Insurance Information**

Medical Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Medical Problems/Allergies/Medications

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

Other Medical/Dietary Information

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

Does your child have an IEP or 504 in school that will help us teach him or her? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission for Publicity**

On occasion, Gulf Breeze Presbyterian Church takes photographs or makes an audio or videotape recording of children and/or adults involved in church/youth activities. I consent to the use of any such audio or visual record of the child named above or me, if I am participating, to be used, distributed or displayed as agents of the church see fit.

I give permission for publicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do not give permission for publicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Permission/Waiver Form 2021-2022**

**Release of Liability for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By signing this waiver form, I grant permission for the child named above or I, if I am a participant, to participate in and engage in the 2021-2022 youth group events of Gulf Breeze Presbyterian Church. My child or I are physically and mentally able to participate in these activities, unless I have already discussed it with one of the leaders. I acknowledge that there are certain risks involved in said activities, and have discussed them with my child if necessary.

I release Gulf Breeze Presbyterian Church, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to my child during the course of these activities, except for negligence. In the event of an emergency in which I or the alternate contact cannot be reached, I authorize the adult leaders to make medical decisions for my child, and to administer first aid, if deemed necessary.

I further agree to indemnify and hold harmless Gulf Breeze Presbyterian Church and its affiliates, volunteers, and employees of any and all claims arising from my child’s or my participation in activities or as a result of injury or illness of my child or me during such activities, including but not limited to exercising any medical decisions or administering any first aid in the circumstances referred to above, except for negligence.

I represent that I am the participant, or parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is under 18 years of age. I have read the Permission/Waiver Form and am fully in agreement with the contents thereof. I give permission for the child named above or I to fully participate in the activities of Gulf Breeze Presbyterian Church.

Signature of Participant or Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation forms: Please fill out and give to your child’s teacher.

GBES Bus rider:

Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is to ride bus number \_\_\_\_\_\_\_\_\_\_\_\_\_ on Wednesdays to Gulf

Breeze Presbyterian Church.

OBES Van rider:

Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is to ride the church van to Gulf Breeze Presbyterian Church

on Wednesdays.