

Salem Baptist Church

1448 Pleasant Grove Drive · Dalton · GA · 30721 · Telephone 706-259-7045 · Facsimile 706-217-1112

SINGLE-ACTIVITY PARTICIPATION AGREEMENT

This form must be completed and returned to the Coordinator in order to participate in the described activity or event. A parent or guardian must sign this form if participant has not attained eighteen (18) years of age.

Participant Information

Name: _____ DOB: ____ / ____ / ____

Activity Information

Please indicate whether participant will participate in the activities listed below by checking yes or no next to each activity

Activity coordinator _____ Phone _____

Description of activity _____

Date(s) and location of activity _____

Restrictions

(To be completed by parent/guardian)

The undersigned parent/guardian does hereby give permission for my child/ward to attend and participate in the activities listed above sponsored by Salem Baptist Church with the following restriction(s).

Participation Agreement

Undersigned (18 years of age or older) or parent/guardian for his/her child (if participant has not attained 18 years of age) acknowledges and assumes the risks and dangers of physical injury associated with participation in the activity described above. Authorization and permission is given to said church or individual to furnish any necessary transportation, food, and lodging for this participant. Should it be necessary for participant to return home due to medical reasons or otherwise, the undersigned shall be responsible for providing transportation for the participant. The undersigned does also hereby give permission for participant to ride the vehicle designated by the adult in whose care the participant had been entrusted during and while participating in activities sponsored by Salem Baptist Church ("SBC").

SBC is committed to providing a place of safety and protection for all who would enter, and as a place in which all people can experience the love of God through relationships with others. Recognizing that, when people interact, conflict is inevitable, SBC is committed to following the scriptural instructions for resolving disputes. Therefore, any claim, controversy or dispute arising from or relating to this Participation Agreement shall be settled by mediation and, if mediation is unsuccessful, by arbitration in accordance with CPR Rules of Procedure for Dispute Resolution (the complete text of which is available at WMApeace.com). Undersigned agrees that these methods shall be the sole remedy for any controversy, claim or dispute arising out of or relating to this Participation Agreement, and expressly waives his/her right to file a lawsuit in any civil court for such controversy, claim or dispute, except to enforce an arbitration decision. For the purpose of this Participation Agreement the parties agree to be bound by the Federal Arbitration Act (9 USC §§ 1-16).

Signature (if 18 years of age or older)

Date

Parent/Guardian Signature (if participant is a minor)

Date

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HEALTH QUESTIONNAIRE AND MEDICAL CONSENT

Please attach a copy of the front and back of any applicable Medical Insurance Card to this questionnaire

Full Name: _____ SSN: _____ DOB: _____

Address: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____

(Day)

(Evening)

(Cell)

(Email)

Name: _____ Relationship: _____

Phone: _____

(Day)

(Evening)

(Cell)

(Email)

Health Information

1. Please list any medical conditions including allergies of which a medical care provider should be aware: _____

2. Please list any prescribed medication taken on a regular basis: _____

3. Please list any dietary restrictions or food allergies: _____

4. Please list any other medical information that you believe is important: _____

5. Name of Doctor _____ Phone Number _____
6. Date of Participant's most recent physical examination: _____ (if required for participation)
7. Date of Participant's most recent tetanus shot: _____
8. Immunization Status: Please attach a complete Record of Immunization to this questionnaire. (if required for participation)

Insurance Information

Insurance Provider: _____ Policy/Group # _____

Consent for Medical Treatment

To Whom It May Concern: Undersigned (18 years of age or older) or parent/guardian for his/her child (if participant has not attained 18 years of age) authorizes Salem Baptist Church to consent to necessary medical treatment to be rendered to me/my child under general or special supervision, and on the advice of any physician or dentist licensed under the provisions of the Georgia Medical Practice Act, or its equivalent, and the medical staff of a licensed hospital, whether treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable for and agrees to pay all costs and expenses incurred in connection with such medical or dental services rendered to participant pursuant to this authorization. Undersigned agrees that a photocopy or facsimile copy of this document and any signature shall be considered for all purposes as the original signed consent on file.

Signature (if 18 years of age or older) Date

Parent/Guardian Signature (if participant is a minor) Date

Witness Signature Date

Parent/Guardian Name (Printed)