



Event: All Belmont Student Events  
Location: On and off campus events  
Date: February 2023 - February 2024  
T- Shirt Size: \_\_\_\_\_

Participant's name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone : \_\_\_\_\_ Cell phone: \_\_\_\_\_

I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_ to participate in Belmont events. All events will take place under the guidance and direction of Belmont staff and/or volunteers from Belmont Baptist Church.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I also authorize Belmont Baptist Church or its representatives to initiate any medically necessary care on my son/daughter's behalf in the event of my son/daughter's incapability to present themselves for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* SEE OTHER SIDE FOR MEDICAL INFORMATION \*\*\*



Participant's Information

---

Last                      First                      Middle                      Prefer to be called

---

Age                      Grade                      Date of Birth                      Soc. Sec#

Parent/Guardian Information

---

Last                      First                      Relationship

---

Street Address                      City                      State                      Zip

---

Work Phone                      Home Phone                      Cell Phone

\*\*\*In case of emergency, notify one of the following\*\*\*

---

Name                      Relationship                      Number

---

Name                      Relationship                      Number

Health Insurance Information

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_