

**EASTERN HILLS BAPTIST CHURCH  
STUDENT MINISTRY ACTIVITY  
PERMISSION, IMAGE NOTICE & MEDICAL RELEASE**

**MISSION TRIP 2021: FBC ROSWELL VBS**

**STUDENT DATA**

Name:	Gender:
Home Phone:	Birthdate:
Mobile Phone:	Grade:
Address:	Shirt size:
City, State & ZIP:	

**PARENT/GUARDIAN/EMERGENCY CONTACT DATA**

Father's Name:	
Contact Number(s):	
Mother's Name:	
Contact Number(s):	
Emergency Contact Name:	
Emergency Contact Number:	
Emergency Contact Relation:	

**STUDENT MEDICAL/HEALTH DATA**

Physician's Name:	Physician's Phone:
Dentist's Name:	Dentist's Phone:
List any medications student is currently taking, their dosage, and instructions:	
List any allergies student has to any medications:	
List any allergies student has to any food product or animal:	
List any pertinent physical or emotional information about student that EHBC leaders may need to know:	

**PERMISSION, IMAGE NOTICE, MEDICAL RELEASE, CARE AUTHORIZATION, AND LIABILITY RELEASE**

I, the undersigned, state that I am the parent or legal guardian of the student named above (hereinafter, "my Child"), and that the information provided by me on this Form is true and correct. I hereby expressly grant my Child my permission to attend and participate in the above-referenced Eastern Hills Baptist Church Student Ministry (hereinafter, "EHBC") event (hereinafter, "Event") at the dates, times, and locations shown above. I acknowledge that photographs and video may be taken of my Child during the Event, and that these photographs/videos may be used in promotional materials. I grant my permission for any EHBC Event sponsor over the age of 18 present at the Event to obtain for my Child any such medical attention as deemed necessary and prudent by said adult in the event of sickness or injury of my Child during the Event. I do hereby release and forever discharge EHBC and the Event sponsors from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in the Event. I agree to indemnify EHBC for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my Child while participating in the Event. I also understand that if the Event sponsors deem it necessary, due to the misconduct of my Child, I may be called at any time of the day or night to come and pick up my Child wherever my Child is, or I agree to reimburse EHBC for any expenses incurred in delivering my Child to me if pickup is impossible.

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date signed \_\_\_\_\_  
 Parent or Guardian

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date signed \_\_\_\_\_  
 Student Participant

**EVENT INFORMATION**

**EVENT DATES:**

July 5 - 11, 2021

**EVENT LOCATION:**

ROSWELL, NM

**DEADLINES & COSTS:**

\$45

Scholarships available

**STARTING LOCATION & TIME:**

2pm, EHBC Courtyard

7/25/2021

**ENDING LOCATION & TIME:**

12:30pm, EHBC Courtyard

7/30/21

**REQUIRED FORMS:**

This form

OFFICE USE ONLY

ENTERED

PAID

REC'D

OFFICE USE ONLY

IMPORTANT INFORMATION  
PLEASE TEAR OFF AND SAVE

Event Name: MISSION TRIP 2021  
 Event Start: 07/25/21, 2pm, EHBC for drop off  
 Event End: 07/30/21, 12:30pm, EHBC for pick up  
 Registration Deadlines & Cost:  
 \$45

By "Registration", we mean that ALL required forms are turned in, and at least a deposit has been made toward the total cost per student. Please make checks payable to EHBC. Scholarships are available to defray the cost, contact youth pastor for more info.

**WHAT TO BRING LIST:**

- Bible
- Notebook
- Pen/Pencil/Highlighter
- Towel/washcloth
- Toiletries (*shampoo, soap, tooth-brush, deodorant, etc.*)
- Yourself
- Cash for purchases
- A good attitude
- A willingness to learn
- Anticipation of a great weekend

IMPORTANT INFORMATION  
PLEASE TEAR OFF AND SAVE