

Permission to Participate Salisbury Student Ministries

General Information:

Student Name: Last _____ First _____
Address: _____
City: _____ Zip _____ Male: __ Female __
Birth Date ___ / ___ / ___ Grade _____

Parent Name: _____
Home Phone# _____ Cell Phone# _____
Email: _____

Desire/Permission to Participate:

I, the undersigned, desire to participate, or if the Participant is less than (18) years old, I give my permission for the Participant, in Salisbury Student Ministries Activities.

Participant's Medical and Emergency Information:

Participant's medical insurance provider _____ Policy# _____
Name & # of emergency contact _____

Emergency Medical Authorization:

The medical information provided on this form is correct to the best of my knowledge. I certify that the Participant is able to participate in all activities unless I have otherwise advised Salisbury Student Ministries Staff in writing. I also certify that all medical conditions or allergies, which may limit the Participant's participation in activities are listed.

For Parents: In the event I cannot be reached in a case of emergency, I hereby authorize Salisbury Student Ministries, or their respective Directors, Staff or Volunteers to make emergency medical decisions and/or administer emergency medical assistance. I accept responsibility for payment of expenses incurred as a result of any medical treatment.

I have read, agree to, and understand all the terms in this document. The information I have provided on this form is accurate and true to the best of my knowledge. I agree that all of the terms in this document apply to the Salisbury Student Ministry Activities. The signature below signifies approval of all information and terms in this document.

Participant's signature _____ **Date** _____

Parent/Guardian's signature _____ **Date** _____