Shirt	Cizo	
Snirt	Size	

2024 Adult Permission Form for Participation & Medical Treatment First Baptist Church Smithfield, NC

Name		Age			
Address					
Street or PO	Box	City, State, and zip code			
	Home Phone				
Cell Phone	E-mail Add	ress			
Contact in case of	f emergency	Relationship			
Work Phone	Hor	me Phone			
Additional Conta	ct				
		Phone			
Medical Informat	tion				
Family Physician _		Phone			
Policy No	olicy No Contact/Group Number				
Other Insurance In	formation				
Date of last Tetanu	is Shot				
Allergies					
	ould not eat	v about, any medications that you are taking, and			
****PLEASE CO	OPY YOUR INSURANCE C	ARD ON THE BACK OF THIS FORM****			
of January 1, 2024 the away from the facilitimited to: flying; snas softball, volleybaldirect any medical made to contact harmless First Baptisthe treatment of any 2024. I also give	through December 31, 2024, I undities and that some of the activition washing; swimming, white wastell, basketball, etc.; hiking, and transeds deemed necessary while of my spouse or other contaction, the undersigned, st Church and its representatives illness, injury, or accident incur	rch, 202 S. Fourth St., Smithfield, NC, for the period derstand that at times the activities will involve travel ies have a risk factor, examples include but are not ter rafting, other water activities; athletic events such aveling. I give permission for First Baptist Church to n such trips. I understand that every effort will be at person before any actions are taken. I, do release, acquit, discharge and covenant to hold from all actions, damages or liabilities arising out of tred during my participation on trips during the year e published on the First Baptist Church website at Page.			
 Particinant		 Date			