



Antioch Baptist Church
6531 Little Ox Road
Fairfax Station, VA 22039

ACTIVITY PARTICIPATION AGREEMENT

ACTIVITY INFORMATION

(To be completed by the activity sponsor)

Name of sponsoring ministry:	Children's Ministry	
Director:	Rev. Melvin Jones	Telephone (571) 732-4257
Name of sponsor coordinator:	Sis. Joy Fulton (ejoyful@comcast.net)	Telephone (571) 236-0221
Description of activity:	Antioch AWANA weekly program Sunday's at 3:00 - 4:30pm	
	Includes Bible learning, games and other recreation activities	

Date(s) and location of activity: Zoom activity.

PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian)

Name of participant:	_____	
Address:	_____	Telephone: _____
Name of emergency contact:	_____	
Telephone:	_____	_____
	(Day)	(Evening)
Are there any special accommodations needed for your child?	_____ Yes _____	No
If "yes," please explain:	_____	
Are there any special concerns we need to be aware of?	_____ Yes _____	No
If "yes," please explain:	_____	

PARTICIPATION AGREEMENT

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____ Date: _____
(Participant or parent/guardian if participant is a minor)

Form 7-03

(PLEASE COMPLETE NEXT PAGE)



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In case of accident, illness, or other emergency, I/we request that the church contact me. If the church cannot reach a parent/guardian after conscientious effort, I/we give permission for church staff to call paramedics or attempt to contact the listed physician or dentist first. If a life-threatening emergency exists, I/we give permission for church staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Parent/Guardian Signature: _____ Date: _____
Name Printed: _____
Witnessed By: _____ Date: _____
Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Health Insurance Carrier: _____ Policy #: _____
Under the name of: _____ Relationship: _____
Allergies (including reactions to medication): _____

Medication being taken: _____

Preferred hospital: _____

Are there any physical or medical conditions we should know about not already stated? _____

I, as the parent, understand that supplying my child with medication is my responsibility.

I further understand that Antioch Baptist Church will not be held liable for the administration of the medication or for its possible side effects.

Signature of Parent/Guardian Date

(PLEASE COMPLETE NEXT PAGE)



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AUTHORIZATION FOR BASIC FIRST AID AND/OR MEDICATION

Permission is hereby granted to **Antioch Baptist Church** to assist _____
(NAME and DOB)

as needed in **basic first aid and/or taking prescribed or "over the counter" (OTC) medication**
that is provided specifically for the named student (Rx medication must be in its original
container with pharmacy label where applicable).

ALLERGIES OR SENSITIVITIES _____

CURRENT MEDICAL CONDITION AND/OR MEDICATION TAKEN AT HOME _____

NAME OF PRESCRIPTION OR OTC MEDICATION: _____

PURPOSE/INDICATION OF MEDICATION: _____

DIRECTIONS FOR ADMINISTRATION: AMOUNT _____, ROUTE _____

FREQUENCY _____; SPECIFIC TIMES _____

OR "AS NEEDED" FOR: _____

DATES (START-END) _____

Please initial only the medications/products that you give permission for Antioch Baptist Church staff to administer to your child on this trip. Generic brands may be substituted for name brands.

_____ Tylenol _____ Off (bug repellent DEET) _____ Bacitracin (antibiotic ointment)

_____ Caladryl ointment (insect bites, rash) _____ Sunscreen _____ Aloe (sunburn)

SIGNATURE OF PARENT/GUARDIAN _____ PH# _____ DATE: _____