
NEW HOPE BAPTIST CHURCH RIDER INFORMATION AND CONSENT

THIS FORM IS TO BE GIVEN TO AND FILLED OUT BY THE PARENT(S)/LEGAL GUARDIAN(S) ONLY

RIDER INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ School Grade (2011-2012 School Year): _____

Pertinent Medical Info (Allergies, Medications, etc.): _____

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Gender: _____ School Grade (2011-2012 School Year): _____

Pertinent Medical Info (Allergies, Medications, etc.): _____

RESIDENCE

PRIMARY RESIDENCE:

Street Address: _____ Apt.# _____ Bldg.# _____

City: _____ State: _____ Zip: _____

Residing With:

Name: _____ Relation: _____

Name: _____ Relation: _____

SECONDARY RESIDENCE:

Street Address: _____ Apt.# _____ Bldg.# _____

City: _____ State: _____ Zip: _____

Residing With:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CONTACT INFORMATION

Please list contacts in the order that is best to contact in the event of an emergency

Name: _____ Relationship: _____

Phone Number: _____ Home Cell Texting? Y N

Name: _____ Relationship: _____

Phone Number: _____ Home Cell Texting? Y N

CONSENT

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I hereby authorize the participation of my children, _____, in the activities provided by New Hope Baptist Church. I hereby release and hold harmless New Hope Baptist Church, its officers, employees and agents from all claims and causes of action by reason of any injury which may be sustained as result these activities, whether on church premises, an activity planned elsewhere, or on the way to or from these activities.

I agree to direct my children to cooperate and to conform to directions and instructions of the personnel of the organization in charge of these activities. I also understand that if my child fails to abide by the stated rules, he/she may be sent home and may be suspended from this activity for a certain length of time.

If I cannot be contacted immediately, I hereby give my permission to the physician, nurse or dentist selected by New Hope Baptist Church to select medical or dental aid for illness of injury under physician’s order including transportation to and from necessary facilities. I understand the New Hope Baptist Church is not obligated to carry insurance to cover those medical or dental expenses.

Parent / Legal Guardian (Please Print)

Parent / Legal Guardian (Please Print)

Parent / Legal Guardian (Signature)

Parent / Legal Guardian (Signature)

Date

Date

RIDER RESPONSIBILITY

I have received, read, and understand “Rider Rules and Responsibility” and I agree to direct my children to cooperate and to conform to the stated guidelines.

Legal Guardian Signature: _____

Date: _____