

**FIRST BAPTIST CHURCH**  
**2897 Green Street**  
**Marianna, Florida 32446**

EVENT PARTICIPATION FORM

Event \_\_\_\_\_

Event Location \_\_\_\_\_

Dates \_\_\_\_\_

Name of Child \_\_\_\_\_ AGE \_\_\_\_\_

Address \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

My permission is granted for my child to participate with the First Baptist Church of Marianna, under the direction of the (Child, Middle School, or High School) Director, chaperone or other representative of the church. I understand that the **Medical Release and Permission to Treat Form**, previously signed on

\_\_\_\_\_, which is reaffirmed and remains in effect. I agree that the above mentioned church representatives are to exercise authority regarding my child's behavior and conduct. I have explained to my child that he/she is fully under the church representatives' authority during this activity.

(*Initials*) \_\_\_\_\_) I authorize agents of First Baptist Church of Marianna to provide legal representative for my son or daughter in the event that any legal representation may be needed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Relationship to child \_\_\_\_\_

Student Signature (IF over age 18) \_\_\_\_\_

Witness \_\_\_\_\_

Witness \_\_\_\_\_