



FIRST WAUGHTOWN BAPTIST CHURCH

SR. PASTOR, DENNIS W. BISHOP

Youth Ministry

Personal Data Sheet

Name: _____
 First Middle Last

Address: _____
 Street City State Zip Code

Phone #: _____ Date of Birth: _____ Email: _____

School Attending: _____ Grade: _____

School Activities: _____

Church/Community Activities: _____

Hobbies: _____

Parental Information:

Mother/Guardian: _____ Phone #: _____

Email Address: _____

Father: _____ Phone #: _____

Email Address: _____



First Waughtown Baptist Church, Inc.
838 Moravia St. • Winston-Salem, NC 27107 • (336) 784-7386

Minor Image Permission & Use Form

I hereby grant permission to First Waughtown Baptist Church, Inc. (FWBC) to use my child's photograph(s) on its website and social media pages, and in other official church printed publications without further consideration. I acknowledge that the church has the right to crop or treat the photograph(s) at its discretion. I also acknowledge that the church may choose not to use my photograph(s) at this time, but may do so at its own discretion at a later date. I also understand that once my child's image is posted on the church's website or social media pages, the image can be downloaded by any computer user, anywhere in the world. Therefore, I agree to indemnify and hold harmless the church, its trustees, pastor, associate pastors, deacons, its members and designees from any claims arising out of the unauthorized use of the photograph(s).

The church reserves the right to discontinue use of any photograph(s) without notice.

Minor's Name (one form per child): _____

Date: _____

Address: _____

Phone: _____

E-mail: _____

Signature: _____
(Parent or guardian)

Please sign below to give FWBC permission to publish minor's name in any media form listed above. FWBC will not publish a child's name in any of its publications without explicit permission from minor's parent or guardian.

Signature: _____ Date: _____
(Parent or guardian)

NOTE: By signing this agreement on behalf of a minor child, I affirm that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.



FIRST WAUGHTOWN BAPTIST CHURCH

838 Moravia Street
Winston-Salem, NC 27107

ACTIVITY PERMISSION FORM

First Waughtown Baptist Church provides a broad range of youth activities onsite and away from the church. Activities may include, but are not limited to, the following: Bible studies, educational/cultural outings, service projects, cookouts, swimming, roller skating, games in the park, basketball, volleyball, softball, camping, hiking, and concerts. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the activity leader prior to the event.*

Please read the permission statement carefully and sign and date as indicated.

_____ has my permission to attend and/or participate in all youth
Name of Youth
activities sponsored by First Waughtown Baptist Church, Inc. (hereinafter ***FWBC***) from **January 1, 2024**, to
December 31, 2024

I/We, the undersigned, have legal custody of the student named above, a minor, and give consent for him/her to attend events being organized by FWBC. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release FWBC, its pastors, ministers, employees, agents, and volunteer workers from any and all liability for injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment deemed necessary by a licensed physician. If treatment is required from a physician and/or hospital personnel designated by FWBC, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided is accurate at this date and will, to the best of my/our knowledge, still be in force for the child named above. I/we also agree to bring my/our child home at my/our own expense should he/she become ill or if deemed necessary by the youth ministries staff member.

Parent/guardian signature: _____ Date: _____

Please see back for Code of Conduct

FWBC PARTICIPANT CODE OF CONDUCT

All persons who participate in FWBC activities and/or travel with the church must follow the Code of Conduct below:

Each participant is expected to –

- Respect each other, staff, and activity leaders
- Respect and comply with event schedules
- Respect property
- Take part in all activities unless allowed to opt out by activity leaders
- Use NO profane or abusive language
- Wear clothing appropriate for the activity: no offensive or immodest clothing
- Engage in NO fighting or possession of weapons, fireworks, lighters or explosives
- Possess NO alcohol, illegal drugs or tobacco in any form
- Stay in sleeping quarters as assigned
- Travel with the group: driving yourself is NOT permitted without prior approval of parent AND Teens of Purpose adviser (however, parents or a responsible adult may bring you to events).

Youth who fail to comply with these expectations may be prohibited from participating in future events/activities.

I, _____, have read the rules of conduct and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Youth signature: _____ Date: _____

FIRST WAUGHTOWN BAPTIST CHURCH



YOUTH MINISTRY
SR. PASTOR, DENNIS W. BISHOP

CONFIDENTIALITY AGREEMENT

In connection with my activities as a member of the FWBC Youth Ministry, I agree to hold all information I may have access to about current or past individuals confidential and will not divulge confidential information to unauthorized persons.

I will respect and safeguard the privacy of the individual and the confidential nature of the information about each and every individual I interact with. Without limiting the general nature of this commitment, I will not access or seek to gain access to confidential or privileged information regarding any past or present individuals I interact with.

I will not disclose confidential information to those who are unauthorized to receive it. In addition, I will not without proper authorization, copy or preserve by paper, electronic or any other means confidential information, or disseminate any such information without proper authorization.

I have read and understand this agreement governing confidentiality as outlined. I understand and agree that a violation of any portion of the confidentiality agreement renders me to civil action and/or disciplinary action including, but not limited to suspension and dismissal from the FWBC Youth Ministry.

Signature: _____ Date: _____

Witness: _____ Date: _____



FIRST WAUGHTOWN BAPTIST CHURCH
Medical Release

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE TOP INFORMATION FORM.

Child's Name _____

Date of Birth _____

Medical Information

Known allergies to foods, drugs, insect stings or bites, etc.

Special medical concerns or conditions that FWBC activity staff should know about, including epilepsy, asthma, diabetes, previous injuries to bone/joints, etc.

Family Physician

Name _____ Phone _____

Address _____

List special dietary needs

Medical Release

In the event of injury or illness to my son/daughter, (name) _____,
I hereby authorize the FWBC activity representative to secure whatever treatment is deemed
necessary and if recommended by an attending physician, the administration of an anesthetic or
surgery.

Parent/Guardian Signature:

_____ Date _____

Parent/Guardian contact numbers: Home _____
Work: _____
Cell: _____