

## **Parental Permission Form**

for all Youth Activities of First Baptist Church **for 2017** 

## Please fill out in the presence of a notary:

This is to certify that I/we, natural parent(s) or gu	uardians(s) of	, whose
date of birth is/, for and in considerat	tion of the First Baptist Church of Blue Spring	gs, MO,
providing for transportation and sponsoring of all		
each of the sponsors, individually and collectively physical and mental pain and suffering, mental di	<del>-</del>	
while on any youth event, including, but not limit		-
other special activities during 2017.	•	1 / 2
Photo	o Authorization	
I authorize First Baptist Church to use photograph using the pictures on bulletin boards, newsletters,		
Signed	Date	
(Parent/guardian)		
Modio	al Authorization	
Medical Authorization		
I further authorize the sponsors of this church acti and necessary medical care for the above named of		
procedure or hospitalization if it is necessary for the		-
This permission is given for and in consideration of		
sponsoring this event and permitting my child to p	participate.	
Signed	Date	
(Parent/guardian)		
SUBSCRIBED AND SWORN TO BEFOR	RE ME THIS	
DAY OF	, 20	
Signature of Notary Public		
My Commission expires on:	SEAL	
State of Missouri, County of		