



Permission & Info Form

YOUTH INFO

Name: _____ Date of Birth: _____ Age: _____ Grade: _____
Phone: _____ Email: _____
School: _____

PARENT / GUARDIAN INFO

Your relationship to your youth: ☐ parent ☐ guardian Phone: _____

Email: _____ Home address: _____

Would you like Bethany to know something about your youth (helpful info, medications, allergies, etc.)?

How did you first hear of Bethany Youth?

☐ My friend: _____ ☐ My youth ☐ www.bethanybfc.org ☐ Other: _____

Other Emergency Contact (someone other than you, the Parent/Guardian):

Their name: _____ Their relationship to your youth: _____

Their phone number: _____

PARENT / GUARDIAN PERMISSION

Medical Attention: While safety is a top priority of Bethany Bible Fellowship Church (henceforth "Bethany") I realize that accidents, injuries, sicknesses, and death do occur. If my youth experiences a health emergency, Bethany may seek immediate medical attention for my youth.

Liability: Bethany is not responsible if my youth experiences accidents, injuries, sicknesses, or death.

Pictures/Videos: Bethany may post pictures/videos of my youth on (but not limited to) social media and bulletin boards.

Communication: Bethany may communicate with my youth.

Transportation: Bethany may transport my youth in church vehicles and personal vehicles.

Leaving On Their Own: May your youth leave Bethany on their own after an event is over? ☐ Yes. ☐ No.

Pick-Up: May your youth be picked up from Bethany by someone other than you? ☐ Yes. ☐ No.

If you answered "yes", please provide the names of 1-2 people:

Person 1: _____ Person 2: _____

Permission Statement: (Name of your youth) _____ may participate in Bethany Youth events during the 2026-2027 school year, and the summer of 2027.

Name: _____ Signature: _____

Date: _____