

2009 FBC Youth Challenge Form
August 1st 9:30-11:30
Teens grades 8-12

Participant's Name _____

Date of Birth _____ Last Grade Completed _____

Street Address _____
City State Zip

Mailing Address _____
City State Zip

Phone # _____
Home Cell Emergency #

Email Address _____

Partner for challenge _____

Church Home, if any _____ May we contact you? _____

I authorize employees of First Baptist Church of Dripping Springs or Challenge volunteers to seek any medical care deemed necessary for my child. I will be responsible for all medical fees incurred. First Baptist Church of Dripping Springs and Challenge volunteers are not liable in the event of an accident or injury occurring from my child's participation in FBC Challenge, except as allowed by law.

PLEASE PRINT

Known Drug Allergies _____

Known Insect Allergies _____

Is Your Teen Taking Any Medication(s) At This Time? Yes _____ No _____

List Name and Amount of Medication(s)

Parent / Legal Guardian's Name _____

Insurance Company _____

Policy # _____

Signature of Parent/Guardian _____ Date _____

PLEASE MAIL THIS FORM TO

First Baptist Church of Dripping Springs, Attn: FBC Youth Challenge, P. O. Box 1177, Dripping Springs, TX 78620

OR

Drop off at the FBCDS office at 299 Hays Street behind the Church

Please call 858-4270 for additional information.