

**AfterDark 2018 @ Sky High**  
**PARENTAL AUTHORIZATION/CONSENT FORM**



Student Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_  
Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Medical Insurance \_\_\_\_\_

**To whom it may concern:**

The undersigned does hereby give permission for my dependent, \_\_\_\_\_, to attend and participate in **After Dark 2018**, a youth ministry activity of First Baptist Church of Fair Oaks.

**When:** Friday, October 12, 2018  
**Time:** 7:30pm-11pm  
**Where:** Sky High Trampoline Park  
11327 Folsom Blvd #160, Rancho Cordova, CA 95742  
**Who:** All Students in 6<sup>th</sup>-12<sup>th</sup> Grades  
**Cost:** \$10.00 CASH ONLY (includes admission & jump socks)

\*\*\***Notes to Parents:** This consent form is for FBC Fair Oaks only. In addition, a Sky High WAIVER must be completed **by you** for your child to jump at Sky High Park. You can complete it online at <https://sac.skyhighsports.com/> before arriving or onsite day of event. Parents must provide all transportation To/From Sky High Park for the event. Please bring PAYMENT (*cash only please*) and THIS FORM to the event.

We(I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned does also hereby give my permission for our(my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Baptist Church of Fair Oaks. I understand all reasonable safety precautions will be taken at all times by First Baptist Church of Fair Oaks and its agents during the events and activities. I understand the possibility of risk. I agree not to hold First Baptist Church of Fair Oaks, its leaders, employees, and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject of this form.

The following are guidelines expected to be followed by the youth and agreed upon by their parents/guardian.

- ◆ All youth are expected to conduct themselves in a manner that promotes a Christian witness.
- ◆ Abusive or disruptive behavior will not be tolerated.
- ◆ No drugs (including cigarettes), no alcohol and no weapons (knives, guns etc.) are allowed at any event.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall be contacted by responsible party of First Baptist Church.

**By signing below I am giving permission for my child to attend the event, and (if necessary) for any photos from the event that include my child to be used in promotional materials and website for church promotional reasons.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_