

# On Campus Form 2024-25

## Boulevard Park Church Permission Form



For all events hosted by Boulevard Park Church occurring at Boulevard Park Church.

I, the undersigned, certify that I am the parent or legal guardian of:  
(you can list all your children attending these events/programs)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

(hereafter the "minor child"), I hereby give my consent to have my minor child participate in BPC's On Campus Events, including weekly gatherings and special occurrences. I recognize that there are risks involved in participating in these activities and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in these activities. To the fullest extent permitted by law, I release Boulevard Park Church, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in these events.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment, but in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the healthcare decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring these events will be used as the secondary coverage.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Parent/Legal Guardian Name: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_-

Additional Guardian Name: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_-

Custody, medical, or allergy issues: \_\_\_\_\_

- I give permission for my child(ren) to have their photos taken as a part of ministry events, to be used for [in-house](#) media (wall décor, recap videos, newsletters, etc)
- I give permission for my child(ren) to have their photos taken for publications [on the internet](#) (Facebook, Instagram, Church website)