

# BETHANY

A Jesus Built Church

Matthew 16:18



*Built on the Great Confession, the Great Commandment, and the Great Commission*

\_\_\_\_\_ **For all AREA 51 events** January 1, 2026 through December 31, 2026

(Initial)

\_\_\_\_\_ **Just this one event of** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Initial)

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

I \_\_\_\_\_, grant permission for my child \_\_\_\_\_

To participate in this event at Bethany Church and all planned activities associated with the event.

I understand that this event may be photographed and used for the purpose of future promotions of Bethany Church and its events. A photograph, videotape, film or other likeness or image of your child may be included in a Bethany Church publication such as, but not limited to the website, its official Facebook page, newsletter, promotional materials, and videos. It is Bethany Church's policy to only use first names and last name initial (e.g. John S.) when identifying youth in a photograph.

\_\_\_\_\_ No, I do not wish for my child's photo to  
(Initial) be included in publications listed above.

\_\_\_\_\_ Yes, I authorize the use of child's photo to  
(Initial) as indicated above.

I take sole responsibility for my child's participation in this event and agree not to hold Bethany Church and any representatives associated with the event liable or responsible for injuries, incidences, and /or medical expenses that might arise during my child's participation in this event.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
(printed name of parent / guardian)

**For AREA 51 events:** I will remain on-site: \_\_\_\_\_ or I will leave my child in the care of Bethany Church: \_\_\_\_\_  
(Initial) (Initial)

**Medical Matters:** I hereby state that to the best of my knowledge my child is in good health to participate in this or these event(s). \_\_\_\_\_  
(Initial)

**Emergency Medical Treatment:** In the event of an emergency, I understand that 911 will be called to transport my child to the nearest hospital or emergency medical or surgical treatment center and understand that I am responsible for all charges associated with this transportation and treatment. \_\_\_\_\_  
(Initial)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_