The Hill Youth Group

The Youth Ministry of Willo-Hill Baptist Church

Student(s) Name	
Address	
Cell Phone (parents)	Cell Phone (student)
Emergency Contact and Phone	
Parent(s)/Guardian(s) Name	
Student: Birth date	School/Grade
Email address:	
>>>>>>>>>>>>>	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
Willo September <i>Please p</i>	iver Form for in person activities* Hill Youth Group 2025-6 1, 2025 through August 31, 2026 rint neatly & return to WHBC. equired on the consent given below
W.H.B.C. 2025-2026 in person events, this includes transportate permission to secure proper consideration of the possibility participation, I release Willo-Hi with this ministry from any and a from participation in these activities.	y child, to participate in Youth Group activities as listed above. In the case of on as provided. In the event of injury, I hereby give nedical and/or dental treatment for the above. In of injuries or sickness occurring in the course of Baptist Church and individuals officially connected Il liability for any injury or damage whatsoever arising ites. I further grant permission to use the likeness of my and promotional materials, in video or photo form. In the Remind alerts via phone.
(Signature of Parent or Legal Gua	rdian) (Date)

^{*}The medical release/waiver form is required for attendance to any in person event. In the case of an event, failure to return the form may result in not only exclusion from the event but possible forfeiture of any money paid for the event.