



Permission and Waiver Form

Fairview Cornerstone Baptist Church Youth Group 2018/2019

Student's Full Name: _____

Gender: _____ Age: _____ Phone Number (if any): _____

Parent/Guardian Names: _____

Parents' or Guardians' Cell Numbers: _____

Email Address: _____

- I give consent to FCBC Youth to use pictures and/or video of myself, if taken while participating in youth group activities, for promotional/sharing purposes.
- I give consent to FCBC Youth to contact my parents in regards to Youth Group Activities.

Signature of student

Signature of parent (if student is under 18)