



## SMBC WINDSTEPPERS PHOTO/VIDEO **OPT-OUT** FORM

I \_\_\_\_\_ wish to **opt-out** of having any photographs or video taken of me and/or my child(ren) by the Second Missionary Baptist Church (SMBC) Windsteppers, its agents or any vendors.

No photos or videos of me and/or my child(ren) shall be posted, no matter the format, including but not limited to any SMBC or the SMBC Windsteppers website and any SMBC internal and external literature or publications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Return this form to the SMBC Windsteppers Executive Administrative Assistant***



## SMBC WINDSTEPPERS POWER OF ATTORNEY FORM

*Must be notarized*

I, \_\_\_\_\_ do hereby grant the Power of Attorney to the Second Missionary Baptist Church Windsteppers Director, Commissioner and/or Sponsors of the church to secure professional medical treatment for myself and/or child(ren) as listed below:

\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency whereby I may be incoherent and/or unable to make sound judgment decisions concerning the medical treatment for myself and/or any of the persons previously listed, I hereby release the Second Missionary Baptist Church Windsteppers and/or Sponsors from all liabilities.

### Emergency Contact Information

1<sup>st</sup> Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

2<sup>nd</sup> Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

*If no hospital listed, your child will be taken to Research Belton, MO or closest hospital.*

### Medical History

Please list any medical problems such as asthma, allergies, etc. (provide an inhaler each practice/meet if your child has asthma):

1. \_\_\_\_\_ 2. \_\_\_\_\_

I hereby certify that all of the forgoing information, to the best of my knowledge, is true, correct and complete.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Notarization

State of \_\_\_\_\_  
County of \_\_\_\_\_ } SS

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My term expires: \_\_\_\_\_ Notary Public: \_\_\_\_\_



# SMBC WINDSTEPPERS ATHLETE AND PARENT INFORMATION FORM

*If handwritten, please print*

## Athlete Information

Athlete's Name: \_\_\_\_\_

Email: \_\_\_\_\_  Male  Female

Athlete's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Uniform Singlet Top Size	<input type="checkbox"/> Youth Small <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL; <input type="checkbox"/> Adult Small <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
Uniform Short Size	<input type="checkbox"/> Youth Small <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL; <input type="checkbox"/> Adult Small <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
T-shirt Size	<input type="checkbox"/> Youth Small <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL; <input type="checkbox"/> Adult Small <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
Warm up Bottoms	<input type="checkbox"/> Youth Small <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL; <input type="checkbox"/> Adult Small <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
Warm up Tops	<input type="checkbox"/> Youth Small <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL; <input type="checkbox"/> Adult Small <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

## Parent/Guardian Information

Father/Male Guardian's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Female Guardian's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



## SMBC WINDSTEPPERS ATHLETE HEALTH INFORMATION FORM

*If handwritten, please print*

Athlete's Name: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Does your athlete have any ongoing/chronic medical conditions:  Yes  No  Unsure

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If applicable, please list any medications currently being taken: \_\_\_\_\_

\_\_\_\_\_

Has your athlete been cleared for sports without restrictions by their physician?  Yes  No

If no, please list all restrictions: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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*For Administration Team's Use Only*

**Comments:**

\_\_\_\_\_

\_\_\_\_\_



## SMBC WINDSTEPPERS AGREEMENT FORM

I have read the Standards of Conduct, Rules/Regulations, Disciplinary Action and Practice Policies for the Second Missionary Baptist Church Windsteppers and I will cooperate with the Windsteppers in its endeavor to maintain these high Christian standards.

I further agree to hold the Windsteppers and its agents harmless for any liability claims on behalf of my child, parent, guardian or myself because of an injury or alleged injury to my child. Should legal action, for any reason, be taken against the Second Missionary Baptist Church Windsteppers, any volunteer or agent thereof, on my child's behalf and the team or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that the Second Missionary Baptist Church Windsteppers or its agent should incur to defend itself against such action.

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Parent Signature

Date