

2022

YOUTH (6th - 12th Grades) PARENTAL CONSENT FORM

PLEASE PRINT!:

Date application completed: _____

Youth's Name _____ **Age** _____ **Birth date** _____

Address _____ **Youth's Cell Phone()** _____

City _____ **State** _____ **Zip Code** _____

School _____ **Grade in or just completed** _____

Extracurricular activities at school: _____

Shirt size: _____

Name of Parent or Guardian: _____

Parent(s) business phones _____

Parent(s) cell phones _____

I hereby affirm that my child shall be participating in the church sponsored activities and certify that I am cognizant of the inherent dangers associated with participation in the 2021 church sponsored activities and with the fact that participating in the church activities may take place outside of, or off of, church premises. I hereby give permission for our (my) child to ride in any vehicle designated.

I understand and agree that neither Winkler's Grove Baptist Church, not its trustees, representatives, instructors or agents may be held liable in any way for any occurrence in connection with my child's participating in the church activities which may result in injury, harm or other damages to me or my family.

As a part of the consideration for being allowed to enroll and participate in the church activities, I hereby personally assume all risks in connection with my child's participation in the church activities. I further release Winkler's Grove Baptist Church, its trustees, instructors, agents and representatives for any injury or damage which may befall my child while my child is enrolled in or participating in the church activities. I further agree to save and hold harmless Winkler's Grove Baptist Church, it's trustees, instructors, agents and representatives from any claim by me or my family, estate, heirs or assigns arising out of my child's enrollment and participation in the church activities. I also authorize Winkler's Grove Baptist Church to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating in the church activities.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

I have executed this affirmation and release on the _____ day of _____ 20_____

Signature: _____

On the reverse side of this page, please fill out insurance information and list any allergies or special medical problems your child may have. Thank you.

Hospital Insurance: __Yes __No	_____ Youth's Name
Insurance Company:	_____ Father Signature
Policy Number:	_____ Mother Signature

Allergies: _____

Special Medical Problems: _____

