

Northeast District Youth

FALL Nigh^{ter}

Participation Agreement

Northeast District FallNigh^{ter}
Friday, Oct. 11 – Saturday, Oct. 12, 2019
Bethany Wesleyan Church, Cherryville, Pa.
\$25 per student in advance (\$30 at door)

Church Name:	Youth Leader Name:
Child's Name:	Home Address:
Date of Birth:	
Parent/Guardian Name:	Parent/Guardian Phone:
Emergency Contact 1 (name & relationship):	Phone:
Emergency Contact 2 (name and relationship):	Phone:
PLEASE LIST ANY SPECIAL INFORMATION, INCLUDING ALLERGIES, DIETARY RESTRICTIONS AND MEDICAL CONDITIONS, BELOW.	
Insurance Carrier:	Group/Policy #:
Family Doctor:	Address/Phone Number:

Questions regarding the completion of this form can be directed to Casey Spencer at Bethany Wesleyan, 610-767-1239 or caseys@bethanywes.org.

Consent to Participate

I, the undersigned, have legal custody of the student named on this form, a minor, and have given my consent for him/her to attend the activities of Northeast District Youth. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Northeast District Youth, host churches, and their pastors, employees, agents and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child’s involvement.

Consent for Medical Treatment

In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by event leaders. In the event treatment is required from a physician and/or hospital personnel designated by the church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the student ministries staff member.

Consent for Media

I grant permission to Northeast District Youth, its representatives and employees the right to take photographs of my child during the event. I authorize Northeast District Youth to use and publish these photographs in print and/or electronically. I agree that Northeast District Youth may use such photographs of my child with or without their name and for any lawful purpose, including such purposes as publicity, illustration, advertising and web content.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: ____/____/____