

Mission Presbytery EVENT PARTICIPATION and MEDICAL RELEASE FORM for Midwinter Youth Conference 2022 (Minor)

Name of Participant	DOB:	
Parent/Guardian	Phone ()	
Additional Emergency Contact		
Relationship	Phone ()	
Current medications or medical condi		
Allergies (food and/or medicine):		
Dietary Restrictions:		
Activity Restrictions:		
Medical Insurance Co.		
As the parent/guardian of the above no child to participate in all activities (mingroup attending Midwinter Youth Correspondent Mo-Ranch Assembly.	nus restrictions listed above) with our o	church youth

I also give permission to the adult leaders of the Youth Connection Committee and to the designated chaperones or sponsors from our home church to administer the community covenant and all appropriate rules of conduct that will apply to my child. I understand that if my child's behavior is disruptive to the event, they will be sent home at my expense.

In the event of an emergency during the said event, I hereby authorize the designated chaperones/sponsors from our home church or YCC leadership to consent to and arrange for emergency medical treatment in the event, after reasonable efforts are made to obtain my consent, that I cannot be reached.

I hereby release Mission Presbytery and its staff, event leaders, our sponsoring church, the designated chaperones/sponsors, and Presbyterian Mo-Ranch Assembly from any responsibility and liability for any injury or illness that my child may sustain during this event.

I give permission for my child's image and likeness from this event to be used on Mission Presbytery social media, newsletter, and website in promotional and information materials.

I declare that all the information stated above is correct and complete to the best of my knowledge.

Signature of Parent or Guardian of Minor Participal	nt:	
	Date	