

Central States Conference Youth Ministries Consent and Release Form

Participant Information

Child's Name			
Child's Cell Phone Number ()			
Address			
City		State	Zip
Date of Birth//	Age	Grade	Gender
List any allergies, food allergies, med	ical conditions or specif	ic needs	
	Parent/Guardian		
Parent/Guardian (1) Name			
Home Phone	Work Phone	Cel	l Phone
Email Address			
Parent/Guardian (2) Name			
Home Phone	Work Phone	Cel	l Phone
Email Address			
Name		ian. This is an addit	
Primary Phone Number	Sec	condary Phone Number	Pr
Con	sent and Release for	Medical Treatmen	nt
The above named participant has n Oakwood Live and participate in hazardous, and I release the Centra liability for injury of the named par permission to call an ambulance or	n the sponsored activity. I States Conference, its rticipant. In case of em	ities. I acknowledge s officers, staff, chap ergency, the staff, ch	e that some activities may be erones, and volunteers from any
	Consent and Relea	ase for Media	
I grant to Central States Conference to Live. I authorize Central States Conference and/or electronically for lawful pride of my child for any lawful pure	erence, its assigns, and to purposes. I agree that Ce	ransferees to copyrigh entral States Conferen	t, use and publish the same in ce may use such photographs and
Parent/Guardian Signature	P	nrent/Guardian Print Date	