



**YOUTH PARTICIPATION FORM**  
**September 2008 – August 2009**

**One Form Per Youth**  
**Please Print**

**Youth's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I/We give consent for my/our youth to attend events being sponsored by MGA Youth Ministry.

In the event that he/she is injured while under the care of McMurray Gospel Assembly and its representatives and requires the attention of a doctor, I/We hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the McMurray Gospel Assembly and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the event(s) and do hereby release the McMurray Gospel Assembly and its representatives from any liability due to accident or injury incurred by my/our youth.

I/We agree to cover all costs if my/our youth needs to be sent home for disciplinary reasons.

I/We give permission to publish photographs and video of my/our youth on the McMurray Gospel Assembly Youth Website and to promote its' Ministries.

**Important Medical & Allergy Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Contact Information:

Name \_\_\_\_\_  
Phone: \_\_\_\_\_  
Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

Name of Parent/Guardian completing form (print) \_\_\_\_\_

Signature of Parent/Guardian completing form \_\_\_\_\_

*Those in charge will take every possible safety precaution and every possible attempt will be made to contact parents/guardians immediately in the event of injury or other emergency!*

**OFFICE USE ONLY**

RFI's completed / updated \_\_\_\_\_ RFI's entered \_\_\_\_\_