



IDENTITY

2020 MISSOURI YOUTH FELLOWSHIP

PARTICIPANT INFORMATION

FIRST NAME _____ LAST NAME _____

DOB _____ GRADE _____ GENDER MALE FEMALE

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PERSONAL EMAIL _____

HOME CHURCH _____

YOUTH PASTOR/LEADER _____

PARTICIPANT RELEASE AGREEMENTS

NAME OF PARTICIPANT (PLEASE PRINT) _____

DOB _____ GRADE _____ GENDER MALE FEMALE

LIABILITY RELEASE AGREEMENT

I/WE, THE UNDERSIGNED, UNDERSTAND THAT THERE ARE INHERENT RISKS INVOLVED AT ANY CAMP, CONVENTION, EVENT OR CONFERENCE ACTIVITY, AND I/WE HEREBY RELEASE MISSOURI MINISTRIES OF THE CHURCH OF GOD, MISSOURI YOUR FELLOWSHIP (MYF), AND THE HOME CHURCH LISTED ON MY/THEIR REGISTRATION FORM, THEIR STAFF AND VOLUNTEER WORKERS FROM ANY AND ALL LIABILITY DUE TO INJURY, LOSS OR DAMAGE TO PERSON OR PROPERTY THAT MAY OCCUR DURING THE COURSE OF MY/OUR/THEIR INVOLVEMENT WITH MYF. I/WE UNDERSTAND THAT DURING THE WEEKEND THE PARTICIPANTS MAY BE PHOTOGRAPHED OR RECORDED AND I/WE AUTHORIZE AND AGREE TO MISSOURI MINISTRIES OF THE CHURCH OF GOD, MYF, AND THE HOME CHURCH LISTED ON MY/THEIR REGISTRATION FORM'S UNRESTRICTED USE, REUSE AND DISTRIBUTION OF IMAGES AND RECORDINGS INCLUDING BUT WITHOUT LIMITATION FOR PURPOSES OF PROMOTING AND PUBLICIZING FUTURE CAMPS, CONVENTIONS, EVENTS OR CONFERENCE ACTIVITIES. I/WE UNDERSTAND THAT THE USE OF SUCH MATERIALS WILL BE WITHOUT COMPENSATION OR MY/OUR/THEIR APPROVAL RIGHTS ANY TIME THEREAFTER.

DISCIPLINE & TRANSPORT AGREEMENT

I/WE, THE UNDERSIGNED, AS THE PARENT(S) HAVING LEGAL CUSTODY OR THE LEGAL GUARDIAN(S) OF THE ABOVE NAMED PARTICIPANT, A MINOR, HAVE GIVEN MY/OUR CONSENT FOR HIM/HER TO ATTEND THIS CAMP, CONVENTION, EVENT OR CONFERENCE ACTIVITY WITH MISSOURI MINISTRIES OF THE CHURCH OF GOD, MISSOURI YOUTH FELLOWSHIP (MYF), AND/OR THE HOME CHURCH LISTED ON MY/THEIR REGISTRATION FORM, OR ARE OF LEGAL CONSENTING AGE MYSELF. I/WE UNDERSTAND THAT A MEMBER OF THE HOME CHURCH LISTED ON MY/THEIR REGISTRATION FORM STAFF OR VOLUNTEER WORKER OF THAT GROUP MAY NEED TO SEND A STUDENT HOME AS A RESULT OF ILLNESS, DISCIPLINE ISSUES OR POLICY VIOLATION. I/WE UNDERSTAND IF THE PARTICIPANT NAMED ABOVE IS DISMISSED FROM CAMP, CONVENTION, EVENT OR CONFERENCE ACTIVITY, I/HE/SHE WILL BE TRANSPORTED HOME AT MY/OUR/THEIR PERSONAL EXPENSE. MISSOURI MINISTRIES OF THE CHURCH OF GOD, MYF, THE HOME CHURCH LISTED ON MY/THEIR REGISTRATION FORM, AND/OR A VOLUNTEER WORKER WILL ATTEMPT TO CONTACT THE PARENT(S) OR GUARDIAN(S) TO ARRANGE SUCH TRANSPORTATION. I/WE UNDERSTAND THERE WILL BE NO REIMBURSEMENT OF FUNDS FOR THE CAMP, CONVENTION, EVENT, CONFERENCE ACTIVITY, OR THE TRANSPORTATION NEEDED TO GET ME/HIM/HER HOME.

MEDICAL RELEASE AGREEMENT

I/WE, THE UNDERSIGNED, AS THE PARENT(S) HAVING LEGAL CUSTODY OR THE LEGAL GUARDIAN(S) OF THE ABOVE NAMED PARTICIPANT, A MINOR, HAVE GIVEN MY/OUR CONSENT FOR HIM/HER TO ATTEND THIS CAMP, CONVENTION, EVENT OR CONFERENCE ACTIVITY WITH MISSOURI MINISTRIES OF THE CHURCH OF GOD, MISSOURI YOUTH FELLOWSHIP (MYF), AND/OR THE HOME CHURCH LISTED IN MY/THEIR REGISTRATION FORM, OR ARE OF LEGAL CONSENTING AGE MYSELF. IN THE EVENT THAT I/HE/SHE AM/ARE INJURED WHILE ATTENDING THE CAMP, CONVENTION, EVENT OR CONFERENCE ACTIVITY AND REQUIRES THE ATTENTION OF MEDICAL PERSONNEL, I/WE CONSENT TO ANY REASONABLE MEDICAL TREATMENT AS DEEMED NECESSARY BY A QUALIFIED MEDICAL PROFESSIONAL. IN THE EVENT TREATMENT IS CALLED FOR, WHICH A MEDICAL PROFESSIONAL AND/OR HOSPITAL PERSONNEL REFUSES TO ADMINISTER WITHOUT MY/OUR CONSENT, I/WE HEREBY AUTHORIZE AN ADULT LEADER OF MISSOURI MINISTRIES OF THE CHURCH OF GOD, MYF, AND/OR THE HOME CHURCH LISTED IN MY/THEIR REGISTRATION FORM TO GIVE CONSENT FOR ME/US. I/WE AGREE TO RELEASE AND HOLD THEM HARMLESS OF ANY CLAIMS, DEMANDS OR SUITS FOR DAMAGES ARISING FROM THE GIVING OF SUCH CONSENT SO LONG AS THE TREATMENT IS ADMINISTERED BY OR UNDER THE SUPERVISION OF A MEDICAL PROFESSIONAL. I/WE ALSO ACKNOWLEDGE THAT I/WE WILL BE ULTIMATELY RESPONSIBLE FOR THE COST OF ANY AND ALL MEDICAL CARE SHOULD THE COST OF THAT CARE NOT BE REMISED BY THE HEALTH INSURANCE CARRIER. FURTHER, I/WE AFFIRM THAT THE HEALTH INSURANCE INFORMATION PROVIDED BELOW IS ACCURATE AT THIS DATE AND WILL, TO THE BEST OF MY/OUR KNOWLEDGE, STILL BE IN FORCE AT THE CAMP OF THIS CAMP, CONVENTION, EVENT OF CONFERENCE ACTIVITY. IF NOT HEALTH INSURANCE CARRIER/INFORMATION IS PROVIDED, I/WE WILL TAKE FULL RESPONSIBILITY FOR ANY AND ALL MEDICAL COSTS ACCUMULATED BECAUSE OF THE INJURY.

PARTICIPANT MEDICAL FORM

EMERGENCY CONTACT INFORMATION (PLEASE PROVIDE TWO):

FULL NAME (PLEASE PRINT) _____

RELATIONSHIP TO PARTICIPANT _____

CELL NUMBER _____

HOME/WORK NUMBER _____

HOME ADDRESS (IF DIFFERENT FROM REGISTRATION) _____

CITY _____

STATE _____

ZIP _____

FULL NAME (PLEASE PRINT) _____

RELATIONSHIP TO PARTICIPANT _____

CELL NUMBER _____

HOME/WORK NUMBER _____

HOME ADDRESS (IF DIFFERENT FROM REGISTRATION) _____

CITY _____

STATE _____

ZIP _____

INSURANCE/GENERAL HEALTH

INSURANCE COMPANY _____ SS# _____ - _____ - _____

POLICY NUMBER _____

GROUP NUMBER _____

DOES THIS PARTICIPANT HAVE ANY ALLERGIES OR HANDICAPS THAT WE NEED TO BE MADE AWARE OF? IF SO, PLEASE DESCRIBE:

IS THERE ANY PRESENT OR PAST MEDICAL HISTORY INFORMATION THAT MIGHT BE HELPFUL TO KNOW?

IS THIS PARTICIPANT NEEDING AND/OR TAKING ANY MEDICATIONS AT THIS TIME? YES NO

IF SO, PLEASE EXPLAIN:

NAME OF MEDICATION	REASON NEEDED	DOSAGE/TIME(S) TO TAKE THE MEDICATION

DATE OF LAST TETANUS BOOSTER: _____

I/WE, THE UNDERSIGNED, UNDERSTAND AND ACKNOWLEDGE THAT PARTICIPATION WITH MISSOURI MINISTRIES OF THE CHURCH OF GOD, MISSOURI YOUTH FELLOWSHIP, AND/OR THE HOME CHURCH LISTED IN MY/THEIR REGISTRATION FORM AT A CAMP, CONVENTION, EVENT OR CONFERENCE ACTIVITY IS CONTINGENT UPON COMPLIANCE WITH ALL THE POLICIES STATED ABOVE: LIABILITY RELEASE AGREEMENT, DISCIPLINE & TRANSPORT AGREEMENT, AND THE MEDICAL RELEASE AGREEMENT.

STUDENT PARTICIPANT

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

-- OR --

ADULT [18+] PARTICIPANT

PRINT NAME: _____

SIGNATURE: _____ DATE: _____