

## Minor Participation Authorization Form

I, the undersigned parent/legal guardian give permission to the undersigned youth to attend the **(fill in activity)**

\_\_\_\_\_ on **(fill in date)**\_\_\_\_\_. I understand that while my child/guardian participates in any church sponsored activity, he/she is responsible to abide by the rules and direction set forth by the church and its leaders. Any serious infraction of the rules will result in dismissal from the event, and I will be responsible to pay for all the expenses incurred for returning my child home.

I authorize necessary emergency medical and dental intervention for the welfare of my child/guardian and assume financial responsibility for all medical or dental expenses and for the use of an ambulance to transport my child to the nearest health care facility should such a need arise.

I also hereby release The Victory Christian Fellowship, its employees, and ministry leaders from any liability in the case of an unforeseen accident and/or sickness my child may suffer while participating in a church sponsored event.

\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Please list any medications presently being taken:

Please list any allergies:

Insurance information:

Phone number(s) where you may be reached: \_\_\_\_\_