

Main Event for Youth 2017
PERMISSION & MEDICAL RELEASE FORM

Name of Youth _____ DOB: _____

Parent /Guardian Name _____

Phone () _____

Additional Emergency Contact _____

Relationship _____

Phone () _____

Current medications _____

Allergies (Food and/or Medicine) _____

Medical Insurance Co. _____ Policy # _____

As the parent/guardian of the above named youth, I hereby give my permission for my child to participate with our church youth group attending the Main Event for Youth at John Knox Ranch on September 22-24, 2017. 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.

In the event of an emergency during the said weekend, I hereby authorize the designated chaperones/sponsors from our home church 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, our sponsoring church, and the designated chaperones/sponsors for this event from any responsibility and liability for any injury or illness that my child may sustain during this trip.

Signature of Parent or Guardian

Date _____

GROUP REGISTRATION FORM

2017 Main Event for Youth @ John Knox Ranch

Sponsored by: Youth Connection Committee of Mission Presbytery

Mail Form & Fee \$100/person to: "MAIN EVENT" c/o John Knox Ranch,
1661 John Knox Rd., Fischer, TX 78623

REGISTRATION DEADLINE: Monday, SEPTEMBER 18th

TO BE FILLED OUT BY GROUP CONTACT PERSON

Name of Church _____ City _____

Contact Person _____

Contact Phone () _____ Email _____

Adult Sponsor _____ M/F

1. _____
Email address _____ Background check done []

2. _____
Email address _____ Background check done []

3. _____
Email address _____ Background check done []

4. _____
Email address _____ Background check done []

YOUTH _____ **M/F** **GRADE**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

***Please list any special needs (food allergies, dietary requests, or accessibility issues that would affect housing, etc.)** _____