

**MTBA YOUTH ACTION
REGISTRATION/WAIVER FORM**

Name of Participant: _____

Address: _____

Birth Date: _____

Home Church: _____

Name of Parent/Guardian: _____

Contact Phone Number: _____

Medical Conditions/Allergies/Special Needs and information (allergies, dietary needs, medications, behavioral issues, etc. to be aware of):

Youth Participant Agreement

I agree to abide by the rules, as well as the direction of the leadership in this program. I understand if I fail to comply with the rules, my parent/guardian may be contacted and I may be sent home.

Signature of Youth Participant

Date

Waiver and Permission to Participate:

I represent that I am the parent/guardian of _____, who is under 18 years of age. I grant permission for said child to participate in MTBA Youth Action events and activities. I consent for said child to be photographed for church literature, newspaper ads, internet use, etc. I also grant my permission for medical treatment in case of emergency. The Youth Action Committee leaders and volunteers are hereby released from any and all liability associated with the Youth Action events and activities.

Print Name of Parent/ Legal Guardian

Signature of Parent/ Legal Guardian

Date