

## 2024 Wisconsin Congregational Association Youth Ministry Consent Form

Child Information	Child #1	Child #2	Child #3
Last Name			
First Name			
Middle Name or Initial			
Date of Birth			
Grade			
Cell Phone #			
Email Address			
Allergies			
Medications			

Name(s) of Parent(s)	
Street Address	
City, State, Zip	
Cell Phone #(s)	
Email Address(es)	
Health Insurance Info.	
Emergency Contact(s)	

I hereby certify that I am aware of, approve of, and take full responsibility for the participation of my above named child(ren) in youth ministry activities offered by the Wisconsin Congregational Association. Furthermore, I assume all risk of and financial responsibility for any loss or injury to my child(ren) or others that may occur as a result of negligence or misconduct by my child(ren), and I release the Wisconsin Congregational Association, and its employees, volunteers, and other agents, from any and all responsibility and legal liability for loss, damage, or injury to the person(s) and/or property of my child(ren) which may be sustained during or as a result of participation.

In an emergency, including illness, injury, or incapacity suffered by my child(ren), I hereby authorize any the Wisconsin Congregational Association leader to act as agent for me in consenting to any reasonably necessary X-ray examination, medical, dental, surgical, or psychological diagnosis, treatment, and/or care, advised and supervised by a physician, dentist, surgeon, psychologist, or social worker licensed to practice under the laws of the state in which the services are rendered. I understand that I, or the applicable insurance carrier(s), will be financially responsible for any such emergency services.

I grant permission to use photographs and/or video footage of my child(ren) in print or online materials designated for news, informational, or educational purposes related to the Wisconsin Congregational Association.

Signature(s) of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_