



Youth Activity Groups Consent Form

Effective For: 2018-2019 Season

By signing this form, I give my permission to the adult supervisors of Pathway Church Youth Clubs to take my child (children) out of the church building on outings including field trips, service projects, and events. I, the parent/guardian of participant, acknowledge and accept the risks of physical injury associated with participation in off-premise activities of Pathway Church of Byron Center, Michigan. Except for gross negligence on the part of Pathway Church and/or its representatives, I, the parent/guardian accept personal financial responsibility for any bodily or personal injury sustained during the activity. Further, as parent/guardian, I promise to hold harmless Pathway Church and/or its representatives for any injury related to the activity. I understand these activities may include other adult parents or guardians who have volunteered to accompany them on these outings. I further understand that outings may be either by some mode of transportation or by foot. I give my permission for these outings without any further written authorization. I also give my consent to the adult supervisors of Pathway Church Youth Clubs to seek emergency medical care in the event that they are unable to contact me. If a dispute over this agreement or any claim for damages arises, I, as parent/guardian agree to resolve the matter through a mutually acceptable arbitration process.

Children Attending

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_
Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
City / State / Zip: \_\_\_\_\_

Resides with: Father / Mother / Both

Parents' Information

Parents Name(s): \_\_\_\_\_
Address (If other than above): \_\_\_\_\_
Phone Numbers: Father: \_\_\_\_\_ Mother: \_\_\_\_\_
\*If other than above: Home: \_\_\_\_\_ Home: \_\_\_\_\_
Cell/Other: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

Emergency Contact:

Name & Address \_\_\_\_\_ Phone: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_