

Lighthouse Church of God
YOUTH CONSENT FORM
Wednesdays: 7:00pm to 8:30pm

Youth Name: _____

Address: _____

City: _____ P.C. _____

Youth Contact Phone No.(____)_____ cell other

Youth E-Mail Address: _____

Age: _____ Date of Birth: _____

Current grade level: _____

Allergies or other medical conditions: _____

In case of emergency, contact (name): _____

Emergency Phone No. _____

I, _____ give my permission and
(please print-parent/guardian name)
consent for my child/children to participate in Wednesday night youth.

With this consent, I, named below, undertake and agree to indemnify and hold blameless the Ministry Staff, Volunteers, Lighthouse Church of God, its Pastors, Trustees and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Lighthouse Church of God, as well as any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective when participating in events of Lighthouse Church of God, on or off-site.

Date: _____ Signature: _____