



Lighthouse Church of God  
**YOUTH CONSENT FORM**  
Fridays: 6:30pm to 9:00pm



Fillable form

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, \_\_\_\_\_ am the above-named youth's  
(please print first & last name of parent/guardian)

parent (or official guardian) and give my permission and consent for my child to participate in Friday night youth.

By selecting this box you consent to allow your child to be contacted through the *Band App* for important notifications such as cancellations, updates, events and virtual consent forms. This app does not allow your child to contact leaders or other youth individually and is only used for the purposes of sending out information to keep your child updated.

In addition, I 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: \_\_\_\_\_