

**THE HARVEST CHRISTIAN FELLOWSHIP YOUTH MINISTRY
AUTHORIZATION FORM FOR 2017**

Name _____ Birth Date _____ Cell # (____) _____

Address _____ Phone(____) _____

City _____ State _____ ZIP Code _____

Youth Email _____ Parent/Guardian Email _____

Last Grade Completed _____ Current School _____

By signing below, I (we), the parent(s) or guardian(s) of the child listed above, do verify understanding and compliance with the following:

This form will be applicable to any and all youth activities, events, or trips sponsored by Harvest Christian Fellowship for the calendar year 2017.

The undersigned do hereby give permission for my (our) child, _____, to attend and participate in activities, events, or trips sponsored by Harvest Christian Fellowship for the calendar year 2017.

The undersigned acknowledge that it is his/her/their inherent responsibility to attain specific information about any activity, event, or trip sponsored by Harvest Christian Fellowship which is in question to him/her/them; and to insure that the child listed above obeys and complies with any rules or instructions deemed necessary by the Youth Pastor, directors, or representatives of Harvest Christian Fellowship.

The undersigned authorize an adult, in whose care my (our) child has been entrusted, to consent to any X-ray, examination, injection, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care rendered or judged necessary while said child is under the care of Harvest Christian Fellowship and its representatives; further, the undersigned shall be liable for and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to aforementioned child pursuant to this authorization.

Furthermore, authorization and permission is hereby given, by the undersigned, to Harvest Christian Fellowship to furnish any necessary transportation, food, and lodging for child listed above during youth activities, events, or trips sponsored by said church; and the undersigned do hereby assume all transportation costs should same child need to return home due to medical, disciplinary, or other reasons.

In addition, the undersigned do hereby give consent for the child listed above to be photographed and/or videotaped during participation in activities, events, or trips sponsored by Harvest Christian Fellowship; and does hereby assign and grant to Harvest Christian Fellowship the right and permission to use and publish photographs/film/video/electronic or web based representations and/or sound recordings that may include the child listed above while participating in activities, events, or trips sponsored by or affiliated with Harvest Christian Fellowship. The undersigned does release Harvest Christian Fellowship from any and all liability from such use and permission.

Further, the undersigned do hereby release, forever discharge, and agree to hold harmless Harvest Christian Fellowship and the directors and representatives thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the child-participant during any activities, events, or trips sponsored by Harvest Christian Fellowship; as well, the undersigned assume all risk of personal injury, sickness, death, damage, and expenses as a result of child's participation in activities, events, or trips sponsored by Harvest Christian Fellowship and assume all liability in all such cases.

Insurance Company _____ Policy Number _____

Physician's Name and Phone _____

Emergency Contact #1 Name and Phone Number _____

Emergency Contact #2 Name and Phone Number _____

Allergies/Medical Conditions/Other Pertinent Information _____

Parent(s)/Guardian(s) Signature(s) _____ and _____

Date Signed _____

*T-shirt size _____

***Please make sure that a copy of both the front and back of your insurance card is stapled to this form**

