

GATEWAY YOUTH GROUP

GYG Program: _____ Program Date/Time: _____

Participant Information:

1. Childs Name: _____ Childs Grade: _____ Childs Age: _____

Please list any medical needs/allergies we need to be aware of: _____

2. Childs Name: _____ Childs Grade: _____ Childs Age: _____

Please list any medical needs/allergies we need to be aware of: _____

3. Childs Name: _____ Childs Grade: _____ Childs Age: _____

Please list any medical needs/allergies we need to be aware of: _____

4. Childs Name: _____ Childs Grade: _____ Childs Age: _____

Please list any medical needs/allergies we need to be aware of: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Gateway Youth Group is providing classes, activities, and excursion in the interest of helping Gateway Kids expand their opportunities and abilities. We screen and select volunteers carefully to make sure appropriate skills are provided in a safe environment by competent instructors.

I acknowledge/authorize the following:

- If I cannot be contacted, I authorize GYG to obtain any emergency medical attention my child might need.
- I acknowledge that no medical coverage is available for participants.
- I acknowledge the inherent risk involved with recreational activities and understand that such activities may result in personal injury. I agree to hold GYG, its board and its employees harmless.
- I hereby authorize the staff of the GYG program to act according to their best judgment in any emergency requiring medical attention. I, for myself and for my child, hereby release and agree to hold harmless GYG, its employees, volunteers, and directors of and from all liability, claims or causes of action from the illness, injury or death of my child resulting from or incurred during attendance at the program. I acknowledge that GYG and the program do not provide insurance of any kind for the program participants.

In case of an emergency I can be reached by phone at: _____

Parent/Guardian Signature: _____ Date: _____