

**Bridgeway Christian Church
Registration and Consent Form**

Please return this form by Saturday, February 6th.

Name: _____
Birthday: _____ Age: _____
Address: _____

Emergency Contact info

Name of Parent / Guardian: _____
Contact #: _____
Alternate #: _____
Email: _____
Medical Ins Carrier: _____
Doctor Name: _____
Doctor #: _____

Consent, Liability & Medical Release

I hereby authorize my child to attend the Flag Football Game, and state to the best of my knowledge my child is healthy and fit for an active program. I acknowledge that there may be the inherent possibility of risk and therefore release all parties involved from any liability for loss, damage, injury, disease or death involving my child, resulting from any activities during this event; February 6th, at 12:30pm.

Further I authorize the staff and/or volunteer adult leaders for this trip to consent for any medical care, dental care or both in the event that it is needed, in the event that I cannot be reached. Refuge Youth Ministries/Edge Youth Ministries or Bridgeway Christian Church are not liable for lost or stolen property.

Signed: _____ DATE: _____