Youth Activity Consent Form

This form is valid for the stated Higher Praise Church Inc.-sponsored Youth Activity
Higher Praise Church, 1220 Greeley Avenue, Salina, KS 67401

Youth Name:		Age:	Grade:
Address:			::
City:		State:	Zip:
Mother's Name:			
	Email:		
Father's Name:			
	Email:		
Legal Guardian:			
·I realize that my youth's behavior	(name of act		r behavior and to follow all
guidelines set down by the Youth understand that I will be contacted. It is my understanding that the Youncessary precautions to ensure the	to correct the issue.  uth Leadership and adult chaper	ones of Higher Praise	
financial obligation due the sickne			, ,
My youth named above is allowed	d to travel with Higher Praise Cl	nurch Inc. in the transp	ortation provided by the Church.
Higher Praise Church Inc. may tal Inc. to use these photographs and/ website, internet, newspaper, etc.)	or videos within the Church con		gree to allow Higher Praise Church ble promotional materials (e.g.;
	dian	 Date	
All youth participating in Higher Pro Youth Leadership. This medical/inst Leadership before departure. This C	urance form must be completed in	its entirety and returned	to Higher Praise Church Inc. Youth
			raise Church Inc. During the youth ones, including safety instructions.
Signature of Youth		 Date	