

Youth Group Volunteer Participation Consent Form

Participant Information

Youth Participant Name

Date of Birth

Address

Phone Number

Email

Parent/Guardian Information

Parent/Guardian Name

Parent/Guardian Phone Number

Parent/Guardian Email

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Relationship

Medical Information

Allergies / Medical Conditions

Medications

Consent & Agreement

Parental Consent



I agree to the terms and consent to my child’s participation.

Parent/Guardian Signature

Date