

CCBA Mission Trip Youth Consent Form

FOR 10-17 YEAR OLDS**

Deadline to register is March 18, 2024

Youth Name: _____ DOB: _____ Gender: M F

Address: _____

Parents/Guardians

Name/Relation: _____ / _____

Name/Relation: _____ / _____

Email: _____ Phone: _____

Email: _____ Phone: _____

Emergency Contact #1 (if different than above) _____

Relation: _____ Phone: _____

Emergency Contact #2: _____

Relation: _____ Phone: _____

I give permission for my youth, _____ to participate in the mission trip to Mayfield/Graves County, KY, being planned by the Coffee Creek Baptist Association March 24-27, 2024. I support the adult leaders and chaperones and I give them permission to take reasonable action, as they deem necessary, to protect the best interest of my child. As a parent, I believe my child can handle the responsibilities, with supervision, of participating in the work of this mission trip.

****10-17year olds must have parent/guardian accompany them on this trip.**

I, the undersigned, willingly allow my son/daughter, _____, to participate in all activities organized for this trip. In the event that he/she is injured or becomes ill, and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed medical provider. In the event treatment is required from a medical provider designated by adult chaperones, I agree to hold such persons, the Coffee Creek Baptist Association and its churches free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be responsible for the cost of any medical care, should the cost of such care not be reimbursed by my child's health insurance provider. Further, I affirm that the health insurance information provided below is accurate and active for any care my child may require.

A copy of child's health insurance card should be included with registration form.

Insurance Number: _____

Provider: _____

Primary Care Provider: _____ Phone _____

Health Concerns _____

Medications _____

Allergies _____

Diet _____

Teen's Phone number, (if has one) _____

By signing below, I also give my permission for the Coffee Creek Baptist Association and its affiliates to use my child's picture on their website, social media sites, and for media releases (web & print).

This consent form releases Coffee Creek Baptist Association, its churches and its members of any liability against personal losses.

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The purpose of this mission trip is to help those who have been impacted by the tornadoes of 2021 in the rebuilding of their homes/communities, as assigned by the construction manager for Graves County and the Coffee Creek Baptist Association leadership team. I have discussed with my child:

the need for him/her to follow the instructions given by a team leader and to demonstrate safe behavior during any/all activities (work and play) and that the teen understands he/she must demonstrate behavior that will be pleasing to Jesus Christ.

THIS FORM SHOULD ONLY BE SIGNED IN FRONT OF A NOTARY PUBLIC.

Parent/Legal Guardian Name Signature Date

Notary Signature & Seal

Date

Mail to Grace Flynn, Registrar, 139 N. Sharon Dr., Scottsburg, IN, 47170. Call 812-528-8348 with questions. Or **email** to graceflynn83@yahoo.com. **Donations** can be mailed here also. Checks should be made payable to "CCA ABWM."