

ACTIVITY CONSENT FORM

Participant's name:			
Participant's name: Fir:	st	Last	
Date of Birth (month/day/year):	_//	Age during activity:	
For participation in the following act	ivity:		
FEJA TEEN RETREAT FEJA LAGUNA BEACH SOCCER TOURNAMENT OTHER		GSC	
Location of Event:			
Leaving: Frc	om:		
Returning:			
Without restrictions		onsiderations or restrictions:	
I understand that participation in Initials risk involved and have giver understand that participation in applicable rules and standar council, the activity coordin organizations associated with participation.	n consent for n the activity is ds of conduct ators, and all	myself or my child to p entirely voluntary and requ . I release the Gulf States I employees, volunteers,	articipate in the activity. I ires participants to abide by Conference, the local FEJA related parties, or other
Participant's signature:		Dc	ate:
PARENTAL CONSENT: (to be complete	ed and signed b	by parent/guardian if Participa	ant is under 18 years of age.)
In case of emergency involving my cannot be reached, I hereby give n to secure proper treatment, includi treatment for my child.	ny permission to	the medical provider selected	d by the adult leader in charge

Parent/guardian printed name:	Date:
Parent/guardian signature:	
Relationship to child:	Date:

Area code and telephone numbers (For Emergency Contact):