



# PARTICIPANT FORM

*Amplify is a youth missions event sponsored by the Cooperative Baptist Fellowship of Georgia and is attended by church youth groups and their adult chaperones.*

Church Name \_\_\_\_\_ Group Leader \_\_\_\_\_

Participant Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

In Case of Emergency, Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Other Emergency Contact Name & Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Other Emergency Contact Name & Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

## Medical Information

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy or Group Number \_\_\_\_\_

Participant Social Security # \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies (use back if needed) \_\_\_\_\_

Medications (use back if needed) \_\_\_\_\_

## Authorization for Treatment & Release of Claims

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by a physician. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, employees, volunteers, and agents of the Cooperative Baptist Fellowship of Georgia, from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I assume personal responsibility for any loss of property incurred by myself (or my child under 18 years of age) at the event by theft or otherwise. I also assume personal responsibility for all medical bills (for myself or child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. I further understand that photographs, audio recordings, and video recordings may be created during the event, and I give permission for the Cooperative Baptist Fellowship to use any or all recordings of me or my child in publications, videos, website design, or other media expressions.

**NOTE:** All participants (youth **and** adults) must complete and submit this form to be eligible to participate in the March Mission Madness. Youth under the age of 18 must have the signature of a parent or legal guardian. **ALL SECTIONS MUST BE COMPLETED.** Return your completed form to your church's group leader, who is responsible for submitting this form upon arrival at event registration.

Participant Signature

Print Name

Date Signed

Parent/Guardian Signature

Print Name

Date Signed