

Gateway's CityLight Youth: 2025 Activities Consent Form

Name of Youth _____ Birth Date _____

Name of parent(s) or guardian(s) _____

Address _____

Home telephone _____ Work telephone _____

Other person and/or number to call in emergency _____

Medical Information

Does your youth have, or has your youth ever had, any of the following? (Please check all that apply.)

Asthma Hay Fever Kidney Disease Diabetes Heart Murmur Seizures Food Allergy Other

Please explain _____

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes No

If YES, please explain _____

Is your youth currently taking any medication? Yes No

If YES, please explain _____

Family Doctor _____ Doctor's telephone _____

Insurance Company _____ Policy Number _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of CityLight Youth of Gateway Christian Fellowship Church and any other supervised activities customarily associated with its youth group, including camps, retreats, day trips, lake days, pool parties, internships, service work, weekly youth group, sporting events, movie nights, Holiday Parties, Conferences, Bible Studies, Arts & Crafts, Bake Sales, Car Washes and any other type of activities that are a part of a CityLight Youth gathering.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider. Jacob Benedict, Evie Benedict, or another adult chaperone designated by the youth pastor.

I understand that CityLight Youth, Gateway Christian Fellowship, Jacob Benedict, Evie Benedict, any adult chaperone and activity host will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth pastor in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that youth leader and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

Parent Signature: _____ Date: _____