



PARTICIPANT FORM

March Mission Madness 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