



Off-Site Participation & Consent Form

For Church Group Events Hosted by Third-Party Organizations

Event Details

Event Name:

Location:

Dates:

Yates Leader(s) and Chaperone(s): Mackenzie Smith, Christopher Ingram, Johanna Steis, Ryland Burgin, Tayo Olorounto

Participant Info

Name:

DOB:

Grade:

Parent/Guardian Name(s):

Parent/Guardian Phone:

Parent/Guardian Email:

☐ Are texts OK?

A summary of our Safe Sanctuary Policy is available at yateschurch.org/safe-sanctuary.

Transportation & Supervision

Parent/Guardian, please check and initial each line:

- ☐ I give permission for my child to attend this event with Yates staff/volunteers. **Initials:** _____
- ☐ My child may be transported by an approved Yates driver or adult chaperone. **Initials:** _____
- ☐ I understand Yates is not the event host but will provide supervision and logistics. **Initials:** _____

Medical Authorization

Parent/Guardian, please check and initial each line:

- ☐ I authorize Yates leaders to seek emergency care if needed. **Initials:** _____
- ☐ I understand I'm responsible for any medical costs. Leaders will contact me ASAP. **Initials:** _____
- ☐ **PASSPORT events only:** My child's medical details are already submitted. **Initials:** _____
- ☐ **Other events:** I've listed medical needs below. **Initials:** _____

(Only complete below if not attending a PASSPORT event):

Allergies:

Medications:

Other health concerns or accommodations:

All information is kept confidential per our Safe Sanctuary Policy and shared only as necessary for care and supervision.

Behavior Expectations

Parent/Guardian, please check and initial each line:

- ☐ I've reviewed expectations with my child; respectful behavior is required. **Initials:** _____
- ☐ I understand serious violations may result in dismissal at my expense. **Initials:** _____

Media Consent

Parent/Guardian, please check and initial only one:

- ☐ I give permission for my child's image to appear in Yates communications. **Initials:** _____
- ☐ I do **not** give permission for my child's image to be used. **Initials:** _____

Required Form Notice

- This form must be on file in the church office **before participation**.
- Submit **one form per child**.
- Contact staff with any questions or for assistance completing this form.

Acknowledgment & Signature

By signing, I affirm:

- I understand the event details and church supervision role.
- I authorize participation and support the expectations outlined.

Parent/Guardian Signature:

Date:

Participant Signature (if 12+):

Date:

Minister/Staff Signature:

Date Received: