PARENTAL CONSENT FORM

This form MUST be signed by a parent or legal guardian of any Pathfinder (under age 18) participating in the Soccer Events sponsored by the Center for Youth Evangelism (CYE). Please submit this completed and signed form to the Believe the Promise (BTP) Soccer Organizers.

Full name of youth if under 18 years old: _____

I understand that CYE and its representatives will take all reasonable steps to provide individual care and safety for each child, but I am aware that CYE, its officers, employees, agents and volunteers cannot assume responsibility for any injury, loss, damage or harm to any child or to his/her property during the course of the soccer events, including traveling to and from the event.

I understand and acknowledge that certain risks of injury, loss, damage or harm are inherent to participation in soccer events and I agree to indemnify and save harmless the Center for Youth Evangelism, its officers, employees, agents and volunteers from and against any injury, loss, damage or harm that may befall my child as a result of their participation in this soccer event UNLESS such injury, loss, damage or harm is caused by the SOLE NEGLIGENCE of CYE or its representatives while acting within the scope of their duties.

I hereby grant permission for my child, whose full name appears above, to fully participate in the soccer events at the Believe the Promise International Pathfinder Camporee. I declare having read and understood the above and hereby consent to my child participating on the basis described. The Center for Youth Evangelism is solely responsible for the use and protection of any and all personal information collected from registrants.

In addition, permission is hereby given for any photos, videos or other media format of my child to appear in any advertising or reporting material produced by the Center for Youth Evangelism or its parent organizations.__Yes ☐ No ☐

_____	_____	_____
(Printed name of parent or legal guardian	*(Signature)*	*(Date Signed)*
_____	_____	_____
(Printed name of parent or legal guardian	*(Signature)*	*(Date Signed)*

Emergency Contact Information:

Name _____ Phone number: _____

E-mail: _____ Relationship to child: _____