





Activity Participation Christ the King, Royal Rangers & Mpact Girls Ministries

1 6 6	Christ the King 401 W. Main St. Stoughton, WI. 53589		Phone: 608-877-0303	
I hereby give consent, for the child list MPact Girls, offered by Christ the Kin		n the Youth Min	nistry programs; Royal Ran	gers or
Child's Name:		-		
Name of Parent or Guardian:Address:			Phone:	
Emergency Contact:				
Emergency Contact:	1	Night time Pho	ne:	
Is sponsor authorized to approve medic Is Participant covered by personal/fam If Yes, Name of insurer:	ily medical insurance?	Yes Yes	No No	
Policy or Group Number:				
Participation Agreement I acknowledge that participation in the activity guardians, if the participant is a minor), and m bodily injury, death, emotional injury, personal	ay result in various types of in	njury including bu	t not limited to, the following: sid	
In consideration for the opportunity to particip acknowledges and accepts the risk of injury as or guardian) accepts personal financial responsivell as for any medical treatment rendered to other representatives. Further, the participant (activity sponsor for any injury arising directly of the activity sponsor, the participant, or other	sociated with participation in sibility for any injury or loss so the participant that is authorizal parent or guardian) releases a or indirectly out of the descri	Royal Ranger or sustained during the d by sponsor, its nd promises to income	Mpact activities. The participant (he Royal Ranger or Mpact activition agents, employees, volunteers, or demnify, defend, and hold harmle	(parent ies, as r any ess the
If a dispute over this agreement or any claim for through a mutually acceptable alternative disp cannot agree upon such a process, the dispute the rules of the American Arbitration Association	ute resolution process. If the pwill be submitted to a three-m	participant (parent	or Guardian) and the activity spo	onsor
Parent Signature:	ignature:		Date:	