

# blessed hope YOUTH CONFERENCE

Youth Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Phone #: \_\_\_\_\_

Group Leader Name: \_\_\_\_\_

Group Leader Phone #: \_\_\_\_\_

***Parent/Guardian:***

I give the abovementioned youth permission to attend Blessed Hope Youth Conference. In the event that I cannot be reached at the provided phone number, I give the Victory Baptist Church staff permission to act on my behalf for this youth, should they need medical attention. Furthermore, I will not hold Victory Baptist Church responsible for any injuries or illness, including COVID-19, that could occur or be contracted during the Blessed Hope Youth Conference.

Parent /  
Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_