

PLEASE PRINT ON COLORED PAPER

CHILD

MISSION BLITZ 2019 PARTICIPATION FORM

May 4, 2019

DEADLINE TO TURN IN FORM IS APRIL 9, 2019

Please use one form for each CHILD participant.

*A separate "ADULT" form is needed for each adult, and a separate "CHILD" form is needed for each child.
More forms are available in the church office. Projects are available for school age children and adults.
Parents' discretion will be used if non-school age children will participate with them on their projects.*

CHILD'S NAME (please print): _____ CHILD'S AGE _____
Email Address: _____ Phone# _____ CHILD'S GRADE _____

T-Shirt Size (Please Circle) Adult: -- S M L XL XXL
 Youth: XS S M L XL ---

*******\$10.00 PER SHIRT*******

Service Limitations (if any) (i.e. physical limitations): _____

I would prefer to work with:

- Sunday School Class/Church/Project: _____
- My Family (Name and ages of family members participating)

- Other: (Please specify) _____
- I will participate as a member of a prayer team leading up to the Mission Blitz

Minor Participant Release (Under Age 18)

The undersigned, parent or guardian of the above described participant, for value received including but not limited to, his/her minor child's/ward's being allowed to participate in the Mission Blitz 2019, does hereby consent to his/her child's or ward's participation in Mission Blitz 2019 and does hereby release all churches involved, their pastors, officials, employees, members, and all persons affiliated with each church (releasees) from all liability, claims and demands for personal and/or bodily injuries and/or property damages sustained by the minors participation in Mission Blitz 2019 and will indemnify and hold harmless the releasees from any and all claims or demands which might be asserted by or on behalf of the minor arising from or in any way connected with such minor as a result of his or her participation in Mission Blitz 2019. The undersigned agrees to allow Mission Blitz to use any photos that my child may appear in for publicity and advertising purposes

X _____ (Parent/Guardian of Minor Participant)

PLEASE BE SURE TO SIGN ON THE LINE ABOVE

Make sure you have selected/given:

- Release Signature
- T-Shirt Size and Money
- Preferred Work Area
- Phone Number
- Child's Grade

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