# **PARENT/GUARDIAN CONSENT FORM**

Please print legibly or type.

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am over 25 years of age.

I agree to assume responsibility of , who is under the age of 18, during his/her attendance at this year’s MJAA Messiah Conference. I agree to monitor and oversee the activities of the minor attendee throughout the entire period in the same way a responsible parent would do.

 \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conference Guardian’s Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

and I am the parent of . I give permission for to assume responsibility as Conference Guardian for our child during his/her attendance at the MJAA Messiah Conference. My address and phone number are as follows:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Phone Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature

Please return this form to:

MJAA Conference Services

PO Box 274
Springfield, PA 19064 USA

Or bring to Messiah Conference.