



Youth Participation 2019-2020

- Please complete one form for each child
- Please take a copy of our discipline Policy

First Name _____ Last Name _____

Address _____ City/State/Zip _____

Phone Number _____ Cell Phone _____

E-mail _____

Guardian's Name/s _____

Relationship _____

School _____ Grade _____ Church home _____

Birthday—Please include year ____ / ____ / ____ Age _____

Emergency Information:

In case of emergency, when you cannot be contacted, list the name and phone of who we can reach:

Name _____ Relationship _____ Phone/s _____

Name _____ Relationship _____ Phone/s _____

Please list any medications, allergies, physical, emotional or social limitations:

Please sign and date the bottom of this form and indicate your consent for the statements below by placing your initials in the box for each of the permissions below:

In case of emergency (when parent cannot be reached) I hereby give my permission to Hope Community Church to secure treatment for my child. I am also certifying that I have read and agree to the Discipline policy.

I give Hope Community Church and their representatives the right to take photos of my child in connection with church activities. I agree that Hope Community may use such photos or videos of my child with or without my name or my child's name and for any lawful purpose including for example such purposes as publicity, illustration, web content and advertising.

I give permission for my child to go with his/her group to the Village Park (adjacent to Hope Community building) during fair weather

Signature of parent or guardian _____ Dated ____/____/____