

The Salvation Army Kalamazoo Corps  
Youth Program Registration

\_\_\_\_\_  
Name of Youth                      Birthday                      Youth Group Name

\_\_\_\_\_  
Name of Parent/Guardian                      Relationship to Youth

\_\_\_\_\_  
Address                      City                      ZIP

\_\_\_\_\_  
1<sup>st</sup> Phone                      2<sup>nd</sup> Phone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Other Adult in Home                      Relationship to Youth

**Activities, Special Events and Field Trips**

I give my permission for the youth named above to participate in the various activities at The Salvation Army. In signing this Permission/Waiver Form, I do understand that there may be certain risks associated with the activities above. I declare that the youth named above is capable of withstanding both the physical and mental demands of the activities discussed above.

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the youth named above or I, if I am an adult participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of The Salvation Army to seek and secure any needed medical attention or treatment for the youth named above or me, if I am a participant, including hospitalization if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

**Publicity**

The Salvation Army may take photographs during the Youth Programs. I give my permission to The Salvation Army to use these photos for staff and participants to remember the activities, to put them in Army publications or advertising materials, and to give to local news organizations to report on our activities or events.

**Medical History**

Special medical needs or concerns (allergies, conditions, medications, etc.) related to the activities of the Youth Programs.

**Other Information**

Other information we should know about the youth:

**For Use if the Participant is a Minor**

I represent that I am the parent/guardian of the above named youth who is/are under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents of it. As a parent/guardian I understand that continued participation in The Salvation Army's Youth Programs depends on my support of this agreement.

I have read and understand the preceding statement. I give permission for the youth named above to participate in the Character Building Programs of The Salvation Army of Kalamazoo.

\_\_\_\_\_  
(printed name of parent or legal guardian)

\_\_\_\_\_  
(signature of parent or legal guardian)      Date \_\_\_\_\_

\_\_\_\_\_  
(witness signature)      Date \_\_\_\_\_

**Principles of Good Character and Ethical Conduct**

The Salvation Army's Youth Programs strive to advance the character development of participants, to enhance the integrity of the individual and to promote civility in society. Participants in these programs and events should adhere to such fundamental values as respect, fairness, civility, honesty and responsibility.

I agree to participate in the Salvation Army's Charter Building Programs and to cooperate with the adults and the other young people. I promise to respect myself, respect other persons, and respect property. I understand that continued participation in the Youth Programs of The Salvation Army depends on my support of this agreement.

Youth: I have read and understand the preceding statement.

\_\_\_\_\_  
(printed name of participating youth)

\_\_\_\_\_  
(signature of participating youth)      Date \_\_\_\_\_