



The Salvation Army-Traverse City Corps
PERMISSION/WAIVER FORM - YOUTH NIGHT PROGRAMS
 September 2017- May 2018



CHILD'S INFORMATION

First & Last Name	Academic Grade	Age
Date of Birth	Gender (Circle one)	Male Female
School	School Phone #	()

PARENT/GUARDIAN 1 INFORMATION

Name (First & Last)	Relationship to child
Address	City, State, ZIP
Primary Phone ()	Secondary Phone ()
Email	

PARENT/GUARDIAN 2 INFORMATION

Name (First & Last)	Relationship to child
Address	City, State, ZIP
Primary Phone ()	Secondary Phone ()
Email	

Please register my child for the following program from 4:30-5:25PM

Moonbeams – Boys and Girls age 4-Kindergarten
 Sunbeams – Girls grades 1-5
 Girl Guards – Girls grades 6-12
 Explorers – Boys grades 1-5
 Rangers – Boys grades 6-12

Please register my child for the following Youth Music & Arts program from 5:30-6PM
Please indicate with a 1-5 your child's choices in the space below ("1" being first choice).

___ Puppets ___ Guitar Ensemble* ___ Junior Band* ___ Singing Company ___ Dance(Hip Hop-space limited)

*Indicates that students must pass a proficiency test and show an interest to learn basic music theory in order to check out an instrument owned by The Salvation Army.

TRANSPORTATION

_____ (Initials) I grant permission for my child to be transported by The Salvation Army from school and any planned field trips.

AUTHORIZATION FOR PICKING UP MY CHILD (Other than parent/guardians listed above)

_____ (Initials) I authorize the following people to pick up my child from The Salvation Army. I understand that my child will not be released to anyone else without my written permission. In addition, picture ID may be required.

Name (First & Last)	Relationship to Child	Primary Phone	Secondary Phone
		()	()
		()	()
		()	()



DOING THE MOST GOOD™

FIRST AID AND EMERGENCY MEDICAL TREATMENT & HEALTH INFORMATION

____ (Initials) I recognize that there may be occasions where the child named above 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 child named above, 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.

____ (Initials) 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.

Allergies

Restrictions

HEALTH INSURANCE INFORMATION

Insurance Company Name

Policy Holder Name

Ins. Company Policy #

Ins. Company Phone

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Medical Doctor Name

Medical Doctor Phone

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EMERGENCY CONTACTS (Other Than Parents, Must be local)

Name (First & Last)

Relationship to Child

Primary Phone

Secondary Phone

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FUNCTIONS AND ACTIVITIES

____ (Initials) It is my understanding that participating in the programs and recreational and other activities of The Salvation Army is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

RELEASE OF LIABILITY

____ (Initials) By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed herein. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release The Salvation Army and its staff, volunteer, and agents from any claim that my child may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's family, representatives, or assigns may have against The Salvation Army or its staff, volunteers, or agents.

I further agree to indemnify and hold harmless The Salvation Army and its staff, volunteers, or agents from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

PUBLICITY

____ (Initials) On occasion, The Salvation Army takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in The Salvation Army publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events; and The Salvation Army may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of The Salvation Army see fit. This consent includes, but is not limited to: photographs, videotape, and audio recordings.

CONSENT

I represent that I am the parent/guardian of _____ who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of The Salvation Army, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of The Salvation Army, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Parent/Guardian

Signature

Print Name

Date