



General Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (home) _____ Phone: (cell) _____

Email: _____

Social Media: (Facebook or Instagram) _____

Birthday: _____ School/Grade: _____

Personality Traits: _____

Interests: _____

Family Situation

Parent Name : _____ Phone: _____

Email: _____

Parent Name : _____ Phone: _____

Email: _____

Step Parent(s) or Guardian: _____

Email: _____

Siblings: _____

Who does he/she live with? _____

Which family members attend NewLife? _____

Current dynamic of relationship with family: _____



Spiritual Development

Does he/she have a personal relationship with Jesus? _____

Has he/she been baptized? _____

Next Spiritual Step: _____

What is his/her church involvement? _____

Participation in small group: _____

Prayer needs: _____

Photo and Video Permission and Liability Waiver

Participant Information:

Full Name: _____

Date of Birth: _____ Phone: _____

Address: _____

Email: _____

Publicity/Image/Voice Permission

- During activities, a photograph may be taken of participants participating in the activities, for program promotional purposes. The names of participants participating in activities will NOT be released in any promotional materials. Your signature signifies your agreement to the use of these pictures/videos for promotional purposes only.

Medical Emergency Permission

- If an injury or other medical condition occurs or arises during my participation in this program/event, I hereby give permission to program staff or volunteers to provide first aid and seek emergency treatment.

Assumption of Risk and Release of Liability (Please read carefully):

- I understand that this activity may involve certain risks and that in order to participate safely in the polar dip, I must inform program staff of any ailment, condition, or injury that may affect my ability to participate safely.
- I understand that NewLife Community Church cannot guarantee that I will remain free of injury. I nevertheless wish to participate, and I assume the risk of participation. I agree to release from liability, and hold harmless NewLife Community and its staff, volunteers, and board from any and board from any and all claim and/or cause of action arising out of and related to my participation in this program/event.

Signed on: _____/_____/_____

Parent's Signature: _____