

Harvest Chapel Youth Group  
Registration and Permission Form

Youth's Name: \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Special Needs (please be specific): \_\_\_\_\_  
\_\_\_\_\_

I give my permission for the youth listed above to participate in all events and activities of Harvest Chapel Youth Group of Levant, Maine and agree to the following guidelines:

1. I hereby give permission for medical attention to be given to my youth in the event of injury, illness or accident, including major surgery. I realize I will be contacted at the earliest possible moment in case of such an accident.
2. I hereby release Harvest Chapel of Levant, Maine and the staff/volunteers and the representatives of the church from any liability in case of an accident.

**Known Allergies:**

**Dietary:** \_\_\_\_\_ **Medications:** \_\_\_\_\_ **Other:** \_\_\_\_\_

Medical problems of which we should be aware: \_\_\_\_\_

Emergency Contact (other than parents):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Family Contact Information

Youth's Cell #: \_\_\_\_\_ Texting: Yes \_\_\_\_ No \_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Mother's work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Father's work #: \_\_\_\_\_

Family's Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Family Home Phone #: \_\_\_\_\_

Father's E-mail \_\_\_\_\_ Mother's E-mail \_\_\_\_\_

Authorized adults (other than parents) who may pick up your child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Vehicle Passenger Permission

At times throughout the year Harvest Chapel Youth Group will go to events not located on Harvest Chapel property. On such trips we do not have enough space for all the youth to go in one vehicle. In the event that we need extra vehicles driven, please mark down which other youth with which your child may ride. The church will obtain a copy of each driver's license and insurance before allowing any child to ride with them. While attending youth group events your child will not be allowed to ride with another youth group attendee unless we have written parental consent stating that individual's name. Harvest Chapel staff and volunteers [all of whom must be over the age of 18] are approved transporters without need of specific parental consent.

_____	_____
_____	_____
_____	_____

I,(print) \_\_\_\_\_, give my child (print) \_\_\_\_\_ permission to ride with Harvest Chapel staff/volunteers and any of the following people with my initials next to their names and hereby release Harvest Chapel of Levant, Maine, the staff/volunteers, representatives of the church, and any other authorized drivers from any liability in case of an accident.

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_