

The Salvation Army Youth Center Membership Information 2016-2017 (\$25.00 Monthly)

Child's Last Name _____ First Name _____

Nickname _____

Age: ____ Birth date: ____ - ____ - ____ Sex: ____ Race: _____

Address _____ Apt # _____

City, St, Zip _____

Home phone _____

#1 Parent/Guardian name _____ & Cell Phone No.. (____) _____

#1 Parent/Guardian Place of Work _____ & Phone # _____

#2 Parent/Guardian name _____ & Cell Phone No. (____) _____

#2 Parent/Guardian Place of Work _____ & Phone no. (____) _____

In the event of an emergency & you can't be reached, please list an alternate emergency contact:

Name: _____

Phone: _____ Relationship: _____

Is there anyone not allowed to pick up your child?

Name: _____ Relationship: _____

We are open Monday through Friday 3:00 P.M - 6:30 P.M (Wednesdays' Adventure Corp 4:30p-5:30p)

Days and times your child may attend: _____

What school does your child attend? _____ Kempton _____ Carrollton _____ Other _____

Grade: _____ Room # _____ Teacher _____

Does your child have any health problems that may be necessary for us to know about to insure proper care during the course of the program, in the event of an emergency? Yes _____ No _____

If yes, please list any problems and specific instructions below:

Medical problems: _____

Restrictions for any activities: _____

Is your child on any medications daily: _____

Use of any medications: _____

Allergies: _____

Other concerns: _____

I _____, do hereby give my permission for my child _____, to participate in the Youth Ministry Program sponsored by The Salvation Army of Saginaw.

_____ Do not write below this line. Thank you. _____

Sept _____ Oct _____ Nov _____ Dec _____ Jan _____ Feb _____ Mar _____ Apr _____ May _____ June _____

Revise 08-22-16

Please turn paper over Thank you.....

The Salvation Army Youth Center Permission Slip:

I _____ understand that while my child is participating in **The Salvation Army of Saginaw, Michigan afterschool program** from **Sept 6, 2016 to June 14, 2017** (last day of Saginaw Public Schools).

I hereby give permission for my child _____ to participate in the program and to ride in The Salvation Army vehicles.

Functions and Activities

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, and 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

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 above. I also expressly assume all risks of the child or me 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, volunteers, and agents from any claim that my child may have or that I 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 or my family or estate, heirs, 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 participation in its activities and programs, or as a result of injury or illness of my child during such activities.

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Salvation Army Permission Slip 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 Salvation Army Permission Slip Form, including the **Release of Liability** above, on behalf of the child, and agree that this Permission Slip Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Publicity On occasion, The Salvation Army takes photographs or makes an audio or videotape recording of children and/or adults involved in unit 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 or me, if I am participating, 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. Furthermore, I give permission for the child to be interviewed by the news media or for such photographs and other audio or visual records to be used by the news media.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Witness Signature

Date