



The Salvation Army-Traverse City Corps  
**PERMISSION/WAIVER FORM - YOUTH NIGHT PROGRAMS**  
 September 2020- May 2021



**CHILD'S INFORMATION**

First & Last Name	Academic Grade	Age
Date of Birth	Gender (Circle one)	<b>Male/ Female</b>
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 4:35-5:40PM**

Sunbeams – Girls grades 1-5     
  Girl Guards – Girls grades 6-12     
  Moonbeams (Boys & Girls Kindergarten)  
 Explorers – Boys grades 1-5     
  Rangers – Boys grades 6-12

**Please register my child for the following Youth Music & Arts program from 5:45-6:35PM**  
*Please indicate with a 1-4 your child's choices in the space below ("1" being first choice).*

\_\_\_ Guitar Ensemble\*    \_\_\_ Junior Band\*    \_\_\_ Singing Company    \_\_\_ Ukulele(limited space)

\*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. Youth and drivers will be expected to wear mask during the extent of the COVID-19 pandemic.

**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
		( )	( )
		( )	( )
		( )	( )

**COVID-19 SAFETY PROTOCOLS**

\_\_\_\_ (Initials) I understand that The Salvation Army is taking proper safety protocols for COVID-19. I will send my child with a facemask and will not send my child to YOUTH NIGHT if my child is experiencing symptoms of COVID-19. I understand that my child will be screened for symptoms when they arrive for YOUTH NIGHT programs.



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	( )
Medical Doctor Name		Medical Doctor Phone	( )

**EMERGENCY CONTACTS (Other Than Parents, Must be local)**

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

**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