# Communication, Mobility, and Behavior

What is your child's preferred mode(s) of communication?

- ○ Verbal
- ○ Sign Language
- ○ Gestures/Pointing
- ○ Visual Supports
- ○ Digital Devices

Toileting Needs?

- ○ Wears Diapers
- ○ Potty Training
- ○ Some Support
- ○ Independent

Any behavioral concerns? (Examples: hitting, biting, running from the room, etc.)

Any trigger points for frustration or resistance?

In a moment where your child is struggling or feeling overwhelmed, have you identified anything that calms them? (Calming tools/Aids/Comforts)

Are there any behaviors your child exhibits that communicate to us a specific need or desire they have?

Is there anything else you'd like us to know about your child to help us create a safe, loving, and fun space for them to learn and grow?

What are your hopes for your child at church, and how do they currently see or relate to Jesus?

**Care Coordinator**

Name

Email

# Annual Family Permission/Waiver Form

Click to Clear Form

***Family Information***

Family/Last Name _____

Parent(s) and/or Legal Guardian(s) First Name(s) _____

Address _____

Phone #1 _____ Phone #2 _____

Email _____

***Child 1***

Name of Child Participant (please print) _____

Age of Child _____ Birth Date _____ Academic Grade _____

School _____

If relevant, select one*: Please Select One:

Other information leaders should know about the child including medical conditions:

***Child 2 (if applicable)***

Name of Child Participant (please print) _____

Age of Child _____ Birth Date _____ Academic Grade _____

School _____

If relevant, select one*: Please Select One:

Other information leaders should know about the child including medical conditions:

***Child 3 (if applicable)***

Name of Child Participant (please print) _____

Age of Child _____ Birth Date _____ Academic Grade _____

School _____

If relevant, select one*: Please Select One:

Other information leaders should know about the child including medical conditions:

***Child 4 (if applicable)***

Name of Child Participant (please print) _____

Age of Child _____ Birth Date _____ Academic Grade _____

School _____

If relevant, select one*: Please Select One:

Other information leaders should know about the child including medical conditions:

***Child 5 or Adult Participant (if applicable)***

Name of Child or Adult Participant (please print) _____

Age of Child _____ Birth Date _____ Academic Grade _____

School _____

If relevant, select one*: Please Select One:

Other information leaders should know about the child including medical conditions:

* Beginner Swimmer – Capable of swimming several minutes in deep water
Moderate Swimmer - Capable of swimming several lengths
Advanced Swimmer – Capable of swimming long distances

## *Activity Responsibility Agreement*

I, the undersigned, understand that there are risks and dangers inherent in participating in all youth activities programs at _____ _____(**Corps/Unit Name**) ) hereinafter "Activity", which may include transportation, for a time period of up to one year. I also understand that in order to be allowed to participate in this Activity and associated Activities, I must agree not to hold The Salvation Army liable for any injury or damage which I may suffer while participating in any Activity or going to/from any Activity.

Knowing this, and in consideration of being permitted to voluntarily participate in any Activity, and recognizing the charitable nature of The Salvation Army, I hereby voluntarily release The Salvation Army from any and all liability resulting from or arising in any manner whatsoever out of any participation in any Activity.

- I understand and agree that I am releasing not only The Salvation Army, but also its officers, agents, and employees. I understand and agree that this waiver/release will have the effect of releasing, discharging, saving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present, or future; whether known or unknown, and whether anticipated or unanticipated by me, whether through acts or omissions by The Salvation Army's personnel or other unrelated third parties or other participants.

- I understand and agree that this waiver/release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children, and any guardian ad litem for said children.

- I understand and agree that by signing this waiver/release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating in any Activity, including but not limited to health care expenses.

- I understand and agree that by signing this waiver/release, I am agreeing to release, indemnify and hold The Salvation Army, its officers, agents or employees harmless from any and all liability or costs, including attorney's fees, associated with or arising from my participation in any Activity.

- I understand and agree that I am signing this waiver/release on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I had signed this document of my own behalf.

- I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT.
  I acknowledge that I have read this waiver/release agreement and that I understand the words and language in it. I understand there are potential dangers incidental to participating in any activity and going to/from any activity. I execute it voluntarily and with full knowledge of its meaning and significance.

## *Program Dates*

I understand that the child(ren) named above will be participating in various Activities throughout the week, including weekends, from_____ (date) until _____ (date), I understand that during this period my child(ren)/ward or I, if I am an adult participant, may take part in activities such as: Character Building classes, Sunday School, youth group, Corps Cadets, music programs, games, sports, special events and other activities consistent with the purposes of the unit/program.

### *First Aid and Emergency Medical Treatment*

I recognize that there may be occasions where the child(ren) named above or I, if I am a participant, 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(ren) named above or me, if I am a participant, 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.

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.

### *Consent to Publication by The Salvation Army*

As the parent/legal guardian, I certify that I am at least 18* years of age, my birthdate being:

_____, and having the right to contract in my own name and to the extent herein set forth.

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my child(ren)'s name(s), signature(s) and likeness(es), and any portraits, pictures, photographic prints or other representations of my child(ren), or in which my child(ren) may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my child(ren)'s name or a fictitious name, or the name of another person, with or without any statements or testimonials made by my child(ren), or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my child(ren)'s name or photograph to the use of any organization or person.

I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

### *Health Insurance Information*

Insurance Company: _____

Policy Number: _____

Phone Number: _____

Medical Doctor: _____

***Emergency Contacts***

Names of persons and telephone numbers to call in case of emergency, should I not be available.

_____ _____ _____

Name Phone #1 Phone #2

I authorize my child to be released into the care of the person named above.

_____ _____ _____

Name Phone #1 Phone #2

I authorize my child to be released into the care of the person named above.

***Parent/Guardian Release***

***Authorization Relating to A Minor/Minors or Individual(s) Under Local Guardianship***

I hereby certify that I am the (parent)/(legal guardian) of the following minor child(ren) or dependent(s)

**Child 1** _____ , **Child 2** _____ ,

**Child 3** _____ , **Child 4** _____ ,

**Child 5** _____

and I am signing this entire waiver/release on behalf of said minor(s).

_____ _____

Signature of Parent or Legal Guardian Date

_____

Print Name of Parent or Legal Guardian

Upon written request, a copy of this form will be provided to me.

**Click to Print Form**

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**SALVATION ARMY PERSONNEL:**

*Please complete the GREEN highlighted fields of the form then save the form for your unit. DO NOT edit any other content.*

*Please have the parent complete the YELLOW highlighted fields.*

*Please place this form in the child's/family's file. If this form represents more than one child, please make a copy and put it in each child's file.*

*If receiving this form electronically, please print a copy of the form AND a copy of the associated email message and place in the child's/family's file as noted above. You should also save the file electronically in a secure folder and retain the email message in a dedicated folder in your inbox.*