

Ministry Year: 2006/2007

CENTER REGISTRATION FORM (Minor)

Child's Name _____ Birth Date _____ Sex ____ M ____ F

Address _____ Phone _____

City _____ State _____ Zip _____

School _____ Grade _____

Church _____ Member? Yes ____ No ____

Parent or Guardian _____

Address (if different) _____

Home Phone _____ Work Phone _____

Please select ONE of the following:

My child is allowed to leave the building on his/her own in order to walk home.

My child is allowed to leave the building on his/her own in order to wait outside for pick-up.

My child is NOT allowed to leave the building and must wait inside for one of the following people to pick him/her up:

1. _____ 2. _____

3. _____ 4. _____

Phone number where you can be contacted in case of emergency _____

IF I CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PEOPLE ARE AUTHORIZED TO ACT IN MY BEHALF:

1. Name _____ Phone _____ Relation _____

2. Name _____ Phone _____ Relation _____

IF THESE PEOPLE CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, I GIVE THE AGAPE COMMUNITY CENTER'S STAFF THE AUTHORIZATION TO CONSENT TO ANY X-RAY, EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL SUPERVISION AND ON THE ADVICE OF ANY PHYSICIAN OR SURGEON LICENSED TO PRACTICE IN THE STATE OF TREATMENT, WHEN THE NEED FOR SUCH TREATMENT IS IMMEDIATE, AND WHEN EFFORTS TO CONTACT ME ARE UNSUCCESSFUL.

Parent's/Guardian's Signature _____ **Date** _____

HEALTH HISTORY

Is your child in good health? _____ Date of last tetanus shot _____ Any reaction? _____

Check if child has had the following and give details below:

____ Heart Trouble ____ Epilepsy ____ Asthma ____ Diabetes ____ Allergies ____ Rheumatic Fever

Does your child have any special health considerations that we should know about? _____

Place a check by the program for which you are enrolling your child:

____ S.A.Y. YES![®] ____ High School Ministry ____ Summer Day Camp ____ Other _____
(Grades 1-8)

LIABILITY ACKNOWLEDGEMENT AND PERMISSION FORM (MINORS)

I, _____, being the _____, (parent or authorized guardian) of _____, a child under eighteen years of age, do hereby give my consent and permission for him/her to participate in the activities at the AGAPE COMMUNITY CENTER located at 342 West 111th Street, Chicago, Illinois.

ACKNOWLEDGEMENT

I hereby understand and acknowledge that this is an activity that incorporates discipline and supervision during participation. I additionally understand and acknowledge that the instructors are mature and intelligent, and will use wisdom and caution to minimize the possibility of accidental injury. However, because of the type of activity involved, I also understand and acknowledge that the prospect of bodily injury while participating in the activities at the Agape Community Center is a possibility even under the most stringent and safest conditions.

WAIVER

Having understood and acknowledge the above, I hereby release, forever discharge and agree to hold harmless the Agape Community Center, Cru[®], which it is a part of, its directors, employees, and volunteers, from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during activities with the Agape Community Center. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify the above mentioned Agape Community Center, its directors, employees, or volunteers, for any liability sustained by said community center as the result of the negligent, willful, or intentional acts of the above named child, including expenses incurred attendant thereto.

Parent's/Guardian's Signature _____ **Date** _____

Please check the boxes if you give permission for the following:

- I give my permission to the Center staff member who works with my child to talk with my child's teacher about my child's schoolwork and special needs.
- I give my permission for my child's picture to be taken while at the Center knowing that it might be used in ministry materials, such as newsletters or brochures.
- I give my permission for my child to be transported by Agape approved workers in vehicles and/or the worker's personal vehicle.

Parent's/Guardian's Signature _____ **Date** _____