



Agents of Change Youth Ministry

General Activities - Event Registration/Permission Slip/Medical Form

Teen's Personal Info

****Please have the TEEN to complete this section****

Last Name: _____, First Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Hm Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email: _____

Age: _____ DOB: ____/____/____ Sex: Male/Female (circle one)

TEEN!! PLEASE READ CAREFULLY AND SIGN BELOW

By signing below I promise to follow ALL rules and directions as set forth by **Agape Family Worship Center's Agents of Change Youth Ministry and its Youth Ministry Leaders**. I also understand that if I breach any of these said rules, my parents will be contacted and requested to pick me up immediately.

Signature _____ Date: ____/____/____

Parent & Emergency Contact Information

Parent or Guardian Name(s): _____

Relation (other than parent): _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email: _____

Emergency Contact Name: _____ Relation: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Last Name: _____, First Name: _____

Medical Information

*The information requested below is very important. Please complete **all** fields to the best of your knowledge.*

All medical information provided on this form will kept private and will not be shared with anyone except for medical personnel.

1. Do you have medical insurance? **Yes or No**

Insurance Carrier: _____ Policy/Group Number: _____

Subscriber's name: _____

2. Are you currently under a physicians care? **Yes or No**

Primary Doctor's name: _____ Phone No: _____

Outstanding Medical Conditions: _____

Allergies: _____ Last tetanus shot given: ____/____/____

Medications: (please include dose and frequency and reason): _____

3. Any past serious illnesses? **Yes or No** _____ 4. Any past surgeries? **Yes or No** _____

Initials

PARENT!!! PLEASE READ CAREFULLY, INITIAL EACH ITEM AND SIGN BELOW

_____ I hereby grant permission for my above mentioned child to participate in the activities of the Agape Family Worship Center (AFWC) Agents of Change (AOC).

_____ I also give permission for my son/daughter to go on trips sponsored by the AOC Youth Ministry which will include, but are not limited to religious events, educational outings, retreats, bowling, roller skating, etc.

_____ I understand that transportation, when necessary, for these trips will be provided by AFWC's vehicle, a rented vehicle and/or parents/chaperones personal vehicles.

_____ I further understand that in the event of an emergency, every effort will be made to contact me for specific instructions. In the event I cannot be reached, I give permission to the AOC Staff to provide/secure medical treatment and/or take my child to the nearest medical facility.

_____ I agree to assume the risk, thereof, and exclude AFWC leadership; it's AOC staff, parents and volunteers from any liability of injury that my child may obtain from participation in any of the said events.

_____ I consent to and agree that Agape Family Worship Center and its authorized staff or volunteers have the right to take photographs, video or digital recordings of my child and place it in any and all media produced by AFWC for whatever purposes, without restriction or further compensation to my child.

_____ **Please Note:** Your child is expected to follow ALL rules and directions as set forth by AFWC and its AOC Youth Ministry. If they breach any rules, you will be asked to pick them up immediately. By signing below, you agree to and understand the above.

Print Name: _____ Date: ____/____/____

Parents signature: _____ Date: ____/____/____

For use by Agape Family Worship Center only Date: ____/____/____ Event: _____

Online reg: **Y or N** Pd: **Y or N** Ck/MO # _____ CC **Y or N** Amt: _____ Rec by: _____

Notes: _____