



Time Youth Impact Center Registration Form

CHILD'S INFORMATION			
First Name	Middle Name	Last Name	
Birth date: / /	Age:	Grade:	Home Phone
Mailing address:		Mom Cell Phone	Dad Cell Phone
Mothers Name		Fathers Name	
E-mail address you would like us to use to contact you:		School Child attends:	
Authorized people to pick up my child (must be 18 years of age or older:			
Is there any custodial information that we should be aware of? If so please list below:			

MEDICAL HISTORY

<i>Are there any allergies that we need to be aware of?</i>
<i>Are there any special considerations that we need to be aware of?</i>
<i>Is your child taking any medication? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes please list them, and reason for medication:</i>
<i>Is there anything else that we should be aware of about your child?</i>

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT INFORMATION		
<i>Every effort will be made to contact the parents or guardian of the child before treatment is given.</i>		
<i>First Name</i>	<i>Last Name</i>	<i>Relation to Child</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Home Address</i>

OTHER INFO

By checking this box I understand that photos of my child may be taken during this activity for display at our church.

I would like to help with this activity. I can help by:

CONSENT TO TREAT AND RELEASE OF LIABILITY

In consideration for being accepted by TIME YOUTH IMPACT CENTER for participation in our program, we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless TIME YOUTH IMPACT CENTER the directors thereof 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 child-participant that occur while said child is participating in the above described activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him or her to participate fully in our TIME YOUTH IMPACT CENTER program, and the activities done there, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Signature: _____
Parent or Guardian

Date: _____
(Effective through June 1st of the following year)