

2014-2015 REGISTRATION FORM:



Participants Information:

Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: 9 10 11 12 (circle one)

Gender: M F Date of Birth: \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Youth's email \_\_\_\_\_ (print clearly)

Youth's cell phone \_\_\_\_\_ Are you text friendly? Y N

List any allergies: \_\_\_\_\_

List medications: \_\_\_\_\_

List any significant Medical Conditions: \_\_\_\_\_

Parent's Information: Check the person that we should contact **First** in case of an emergency.

- Father/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- Are you text friendly? Y N

Email: \_\_\_\_\_ (print clearly)

- Mother/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- Are you text friendly? Y N

Email: \_\_\_\_\_ (print clearly)

Emergency Contact Information: In case my child becomes ill or is injured and I cannot be contacted, you have my permission to contact and/or release my child to the custody of one of the following:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #'s \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #'s \_\_\_\_\_

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for you to take appropriate action for the safety and welfare of my child.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Flip paper over**

## **Email Communication Agreement**

NHCO Youth Ministry is going green! We want to help save our precious Earth by doing what we can to save on the paper and print.

*I acknowledge, by registering my youth with NHCO Youth Ministry, I agree to receive email communication informing me of upcoming events, announcements and monthly newsletter. I also acknowledge, I have the option to unsubscribe to receiving emails at any time, but will be responsible for checking for updates and announcements on my own.*

## **New Hope Central Oahu Media Release Form**

I hereby give New Hope Central Oahu my permission to photograph, videotape or otherwise record my child's name, voice and/or person. I understand that these recordings of my child will only be used on a continuing basis for noncommercial, promotional purposes, which may include open-circuit broadcast, closed-circuit and/or cable television transmission within or outside the State of Hawai'i.

I understand that there will be no financial or other compensation for recording my child, either from initial or later transmission or playback. I also understand that New Hope Central Oahu is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury received as a result.

New hope Central Oahu may also use my child's name, likeness and/or bibliographical identification for publicizing and promoting the use of these recordings.

Print Child's Full Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_