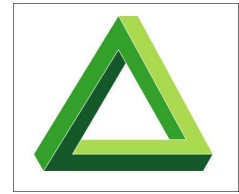


2015-2016 REGISTRATION FORM:



**DELTA**

Participants Information:

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

School: \_\_\_\_\_ Grade: 4 5 (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

**Youth** - I would like to participate in the following Ministries:

\_\_\_ Worship Ministry

**Parent** - I would like to volunteer and support youth ministry in the following areas:

- |                    |                        |                           |
|--------------------|------------------------|---------------------------|
| ___ Sound team     | ___ Power point team   | ___ Worship Ministry      |
| ___ Administration | ___ Serve refreshments | ___ Camps                 |
| ___ Outreaches     | ___ Service projects   | ___ Security              |
| ___ Small groups   | ___ Games              | ___ Website communication |
| ___ check in/out   | ___ Fundraising        | ___ Youth Celebration     |

### 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 \_\_\_\_\_

-----  
**MONTHLY NEWS LETTER**

Check box if you want to receive a monthly News letter from NHC youth Ministry.