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2015-2016 REGISTRATION FORM:

Participants Information:

Name: _____

School: _____ Grade: 6 7 8

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 any significant Medical Conditions: _____

Middle School

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

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

___ Sound team ___ Power point team ___ 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 NHCO youth Ministry.