

JYM Program 2006-07 APPLICATION

For adult volunteers or youth participants

Please print information clearly & make certain all information has been completed.

Parent/Guardian Name (if applicable): _____

Participant's Name: _____

Address: _____

City: _____ State: _____
Zip: _____

Participant's Phone Contact(s) H: _____ C: _____

Participant's E-mail address: _____

I check my e-mail ONCE A DAY or ONCE A WEEK or ONCE A MONTH! (circle one)

Birth Date: _____ Grade: _____ Circle one: male OR female

Circle one: youth participant OR adult volunteer

PARENTAL CONSENT:

I, the parent/guardian of _____ give permission for his/her full participation in events associated with the JYM program operated by the Joint Youth Ministry Board, including, but not limited to: ___lock-ins, ___weekend retreats, ___meetings. (please check all that apply)

I DO/DO NOT (circle one) give my permission for photographs or video footage of my child to be used for promotional purposes (Examples include brochures, website photos, etc. No names will be used on the website or in publicity items).

I DO/DO NOT (circle one) give my permission for my child's address/phone number to be included on a participant roster of the events.

MEDICAL RELEASE:

I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

WAIVER OF LIABILITY:

I agree to hold the Community Protestant Church dba. Joint Youth Ministry Board, and any associated agencies and persons free and waive any claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activity.

Parent/Guardian Signature OR Adult Volunteer Signature

Date