

Youth Participation Form

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Email: _____

Relationship to Child: _____ Evening Phone: _____

School: _____ Grade: _____

Church Home: _____

Birthday: _____ / _____ / _____ (MM/DD/YYYY)

Emergency Information

In case of emergency, when you cannot be contacted, list the name and phone number(s) of who we can reach.

Name: _____ Relationship: _____

Phone(s) _____

Please list any medications, allergies, physical, emotional or social limitations

In case of emergency (when parent/guardian cannot be reached) I hereby give my permission to Hope Community Church to secure treatment for my child. I am also certifying that I have read and agree to the HOPE Discipline Policy.

Signed _____ Date ____/____/____