



**Faith Hope & Love
Outreach Center**

Child's Name	
Birth date; Age	
Address	
Phone Number	
Email	
Allergies/Needs	
Emergency Contact Name	
Additional Info (What we need to know)	

The Child above is in good health, and I consider him/her capable of the activities taking place. I agree to him/her taking part in youth activities. In the event of an accident, I consent to treatment by medical health professionals, if considered necessary.

Signed	Date
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I give permission for photos/videos for local promotion to be taken. (Children will not be identified by name.)

Signed	Date
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