

EPIC Teens Registration and Consent Form

NAME _____ AGE _____ BIRTH DATE _____

GRADE _____ TEEN'S EMAIL ADDRESS _____

TEEN'S CELL# (____) _____ ON FACEBOOK? _____

ADDRESS _____ PHONE (____) _____

CITY _____ STATE _____ ZIP CODE _____

PARENT(S) NAME _____

PARENT(S) BUSINESS (OR CELL) PHONE (____) _____

PARENTS EMAIL ADDRESS _____

MEDICAL CONCERNS/ALLERGIES WE SHOULD BE MADE AWARE OF

I (parent/guardian) _____ give permission for our (my) child, _____, to attend and participate in activities sponsored by the Alfred-Almond Bible Church Teen EPIC Club from September 20, 2020 to September 19, 2021.

Please Check (√) which activities you give consent for:

- All Sunday Evening club meetings at the church
- EPIC Club sponsored service projects
- EPIC club sponsored social events
- Alfred Almond Bible Church may put photos taken of my teen (teens) online (names will not be used)

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Alfred Almond Bible Church.

The undersigned also acknowledges the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. Alfred-Almond Bible Church has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19 but we can not guarantee that participants will not become infected with the Coronavirus/Covid-19. The risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of the leaders and other students involved in EPIC Teens.

I, _____, acknowledge the above statements and give consent to my child to participate in the activities checked above.

Date _____ Signed _____

Relationship to Participant(s): _____