

# Participant Application & Forms

Participant's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Status (Check One):

1<sup>st</sup> Year Participant \_\_\_\_\_

Returning Participant \_\_\_\_\_

# IMMANUEL'S RITE OF PASSAGE MINISTRY

## Participant Application/Information Sheet

(To be filled out by Parent/Guardian)

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### PARTICIPANT INFORMATION

Participant's Name:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

Parent(s)/Guardian(s):

\_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ Preferred method of contact \_\_\_\_\_

E-mail:

\_\_\_\_\_

Language Spoken at Home:

\_\_\_\_\_

In Case of Emergency Contact:

1) \_\_\_\_\_  
NAME OF PRIMARY EMERGENCY CONTACT

\_\_\_\_\_  
RELATIONSHIP TO YOUTH

(\_\_\_\_\_) \_\_\_\_\_  
CELL PHONE#

(\_\_\_\_\_) \_\_\_\_\_  
HOME PHONE#

# IMMANUEL'S RITE OF PASSAGE MINISTRY

## EMERGENCY MEDICAL/INSURANCE INFORMATION

Youth's Name (PRINT): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### INSURANCE INFORMATION

Medical Insurance Company \_\_\_\_\_

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### AUTHORIZATION

I/We authorize any treatment and/or hospital care deemed advisable under the supervision of a licensed medical physician. Such treatment may include, but is not limited to, x-ray examination, anesthesia, medical or dental procedures.

\_\_\_\_\_  
PRINT PARENT NAME

\_\_\_\_\_  
PRINT PARENT NAME

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE

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### FOOD ALLERGIES

_____	_____
_____	_____
_____	_____
_____	_____

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### MEDICINE ALLERGIES

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# Immanuel's Rite of Passage Ministry

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## PLEASE LIST ALL OTHER ALLERGIES

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**CURRENT MEDICATIONS BEING TAKEN – (Please list all medications, including over-the-counter medications, the dosage to be administered and the frequency/conditions in which it is to be administered.)**

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**DIETARY RESTRICTIONS –**

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**PLEASE LIST ANY OTHER HEALTH-RELATED CONCERNS OR RESTRICTIONS TO ACTIVITY**

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**ADDITIONAL REMARKS**

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# Immanuel's Rite of Passage Ministry

(To be filled out by Parent/Guardian)

## PARTICIPANT'S ACADEMIC INFORMATION

Participant's Hobbies/Interests:

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Special Concerns/Things We Should Be Aware of:

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Participant's Musical Preferences (Rock, Hip-Hop, R&B, None):

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Participant's Career Interests/Aspirations:

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Please indicate in each box below whether this area is an academic Strength (S) or Challenge (C):

Reading	Science	Math	Social Studies	Physical Education
ESL	Foreign Language	Composition	Other: _____ _____	Other: _____ _____

Grade Point Average/Average of recent test scores: \_\_\_\_\_

Other academic issues (attendance, discipline problems, etc.): \_\_\_\_\_

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Any Other Notes/ Concerns:

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Information provided will be held in strict confidence and only shared with ministry leadership on a need-to-know basis.

**Immanuel's Rite of Passage Ministry**  
**Parent Permission Form**  
**Immanuel's Rite of Passage Ministry**

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I/We, \_\_\_\_\_, the parent(s)/guardian(s) of \_\_\_\_\_, permit him/her to participate in the Immanuel's Rite of Passage Ministry. I/We understand the rules, regulations, and structure of the program. I/We also understand that the men/women who serve as Noblemen/Queens in Immanuel's Church Rite of Passage Ministry (ICROP) are adult volunteers from Immanuel's Church who have submitted to an interview process and criminal background check administered by a representative of Immanuel's Student Ministries. I understand that meetings/activities involving my youth will take place both at Immanuel's Church and off-site. All contact between my youth and ministry leaders will be monitored and evaluated by the ministry directors or their appointees. My youth is to be mentored as part of a group of youth mentored by at least two men/women; any additional contact between ministry leaders and my youth must be requested and approved, in writing in advance, by me. I/we give permission to ICROP to obtain images of my youth to be captured during meetings/activities through video, photo, and digital camera. These images will be used solely for ICROP promotional purposes, including, but not limited to, website content, media press releases and ICROP publications. I/we waive any and all rights of compensation and ownership of said images.

Participation in ICROP is a privilege, not a right. ICROP reserves the right to dismiss from the program any participant who does not follow the rules and/or submit to ICROP ministry leadership.

\_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_  
(Date)

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Immanuel's Rite of Passage Ministry

## T-Shirt Order Form

Youth's Name \_\_\_\_\_

Youth's Grade \_\_\_\_\_

Youth's Status (Check One):

\_\_\_\_\_ 1<sup>st</sup> Yr Participant

\_\_\_\_\_ Returning Participant

Parent's Name \_\_\_\_\_

Parent's Phone \_\_\_\_\_

Size (Check One):

\_\_\_\_\_ Small

\_\_\_\_\_ XL

\_\_\_\_\_ Medium

\_\_\_\_\_ 2XL

\_\_\_\_\_ Large

\_\_\_\_\_ 3XL

(\*All adult sizes)

# Immanuel's Rite of Passage Ministry

## PARENTAL CONSENT FORM

### IMMANUEL'S CHURCH STUDENT MINISTRIES

(Rite of Passage, Camp Sonshine, Middle School & High School Ministries)

- I understand that the church cannot administer prescription drugs to my child, even with written parental consent, unless the medication is sent in a properly labeled container provided by a pharmacy and accompanied by a specific written authorization from the prescribing physician. I agree to have the medicine and forms turned in by the dates specified in the Event Handout.
- Since local health regulations prohibit the church from administering non-prescription drugs without written parental approval, I authorize the church to administer Children's Motrin, Children's Tylenol, Antacid (Tums), Children's Benadryl, cough drops, and eye drops for appropriate symptoms. I understand that certain topical over-the-counter medicines and products such as Cortizone, Bactine, Caladryl, Benzocaine, sunscreen, and bug spray are used for bee stings, poison ivy, bug bites, abrasions, skin irritations, and preventative measures. If any medicine listed above or any topical medicine is unacceptable, I will notify Immanuel's Church in writing.
- In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the church to hospitalize, secure proper treatment for and order injections, anesthesia, or surgery for my child. My child's physician or his/her office should be contacted, if possible.
- I understand that Immanuel's Church reserves the right to dismiss any participant when it is deemed necessary by the staff and chaperones to be in the best interest of the child or the church. There will be no refunds for participants dismissed for disciplinary reasons.
- My child has permission, without restriction, to participate in all snacks, regular and special programming, including trips, transportation, and other activities (where applicable), unless I notify the church otherwise in writing. I understand and realize Immanuel's Church will follow safety procedures, but that all physical activities include a certain risk and that Immanuel's Church assumes no liability for injury or damage arising from or as a result of participation. I affirm that I have been advised that Church Youth Activities include certain risks and dangers. These risks include, but are not limited to loss of or damage to personal property, injury, or fatality. In consideration of, and as part payment for, the right to participate in all Immanuel's Church activities and the services and food arranged (when applicable) for my child by Immanuel's Church, and its agents, servants, and employees, I have assumed all of the above risks and intending to be legally bound hereby, will hold Immanuel's Church and its agents, servants, and employees harmless from any liability which may arise out of or in connection with any trips and related participation in any other activities arranged for by Immanuel's Church, its agents, servants, and employees. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for any minors.
- I also give permission for Immanuel's Church to use my child's name, voice, testimonial, and/or picture in any type of promotional material, press releases, and news stories about Immanuel's Church. I understand I can notify a Youth Minister if this is unacceptable.
- I assume full responsibility for payment of fees/ministry costs.

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

**MINISTRY COPY – TURN IN WITH YOUR APPLICATION**

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# Immanuel's Rite of Passage Ministry

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\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

**\*\*\*PARENT/GUARDIAN COPY – RETAIN FOR YOUR RECORDS\*\*\***

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