



THINK Youth Group

Visitor Form For program year 2017-2018

Personal Information

Student Name _____

Date of Birth (MM/DD/YY) ____/____/____ Grade _____

Address _____ City _____ Postal Code _____

Name of Parent(s) or Legal Guardian(s) _____

Home phone _____ Cell Phone(s) _____

Medical or other information that our staff should be aware of _____

Parent/Guardian or Host Parent

If it is not possible for the parent or legal guardian of the student to sign this form, and the student is being dropped off by the parent or guardian of another participant, that 'host' parent may sign this form.

Permission and acknowledgement of risk: I hereby acknowledge that the child mentioned above will voluntarily participate in Mission Alliance Church (MAC) activities and that I allow him/her to participate in these activities. I agree to accept all risks and hazards and to be responsible for any injury or loss which may occur as a result of participating.

I understand that a full Registration Form needs to be completed and submitted in order for the student to participate in this church activity more than twice. With this Visitor Form the student can participate **no more than two times** in the corresponding school year.

I have read, understood and agree with the above.

Parent/Guardian Signature _____ Printed Name _____

OR:

Host Parent Signature _____ Printed Name _____

Date Signed _____

Home tel# _____ Cell tel# _____