

2018-2019 NHCO YOUTH MINISTRY REGISTRATION FORM

Circle One: Delta (4th-5th grade)
X-Chi (6th-8th grade)
Zeo (9th-12th grade)



Participants Information:

Name: _____

School: _____ Grade: 4 5 6 7 8 9 10 11 12

Gender: M F Date of Birth: _____ T-shirt size _____

Home Address: _____ City: _____ Zipcode: _____

Youth's email _____ (print clearly)

Cell Phone: _____ Carrier: _____ Are you text friendly? Y N

List any allergies:

List any significant Medical Conditions:

Parent's Information: Check the person that we should contact **First** in case of an emergency.

Father/Guardian's Name: _____

Cell Phone: _____ Carrier: _____ Are you text friendly? Y N

Email: _____ (print clearly)

Mother/Guardian's Name: _____

Cell Phone: _____ Carrier: _____ Are you text friendly? Y N

Email: _____ (print clearly)

Emergency Contact Information: In case my child becomes ill or is injured and I cannot be contacted, you have my permission to contact and/or release my child to the custody of one of the following:

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. We may call the ambulance to move/transport your child. I give my consent for you to take appropriate action for the safety and welfare of my child.

Parent/Guardian's Signature _____

Date _____

Youth - I would be interested in receiving information about opportunities to serve in the following areas of youth ministry:

_____ Sound team _____ Pro-Presenter (on-screen asst.) _____ Worship Ministry

_____ Creating flyers/bulletins _____ Photography _____ Social Media

Parent - I would be interested in receiving information about opportunities to serve in the following areas of youth ministry:

_____ Sound team	_____ Pro-presenter team	_____ Worship Ministry
_____ Administration	_____ Serve refreshments	_____ Camps
_____ Outreaches	_____ Service projects	_____ Security
_____ Small groups	_____ Games	_____ Website communication
_____ check in/out	_____ Fundraiser	_____ Youth Celebration
_____ Photography	_____ Social Media	

Email Subscribe

Email announcements will be sent periodically to communicate events and important news. Check box if you want to OPT out of receiving emails from NHCO Youth Ministry.

New Hope Central Oahu Media Release Form

I hereby give New Hope Central Oahu my permission to photograph, videotape or otherwise record my child's name, voice and/or person. I understand that these recordings of my child will only be used on a continuing basis for noncommercial, promotional purposes, which may include open-circuit broadcast, closed-circuit and/or cable television transmission within or outside the State of Hawai'i.

I understand that there will be no financial or other compensation for recording my child, either from initial or later transmission or playback. I also understand that New Hope Central Oahu is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury received as a result.

New hope Central Oahu may also use my child's name, likeness and/or bibliographical identification for publicizing and promoting the use of these recordings.

Print Child's Full Name _____

Parent/Guardian Signature _____ Date _____

Home Address _____