

**Participant Registration  
Kids in a Box- Hope Ministries  
May 10-11, 2019**

Name: \_\_\_\_\_ Group: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_  
Shirt Size: \_\_\_\_\_ Email: \_\_\_\_\_

I have read the Participants Guide and agreed to follow the listed rules.

Participants Signature: \_\_\_\_\_

If under 18 parents' Permission is required.

**Parental Permission Authorization  
Kids in a Box- Hope Ministries**

Name: \_\_\_\_\_ Group: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_  
Shirt Size: \_\_\_\_\_

I have read the Participants Guide and agreed to follow the listed rules.

I the undersigned the Parent guardian and give permission to \_\_\_\_\_  
participate in "Kids in a Box" to be held at Calvary Community Church 815 West Lathrop Rd. ,  
Friday May 10, at 5pm thru Saturday, morning, May 11, 2019 8am.

\_\_\_\_ I will not be attending with my child. My child will be under the supervision of  
\_\_\_\_\_ (an adult over the age of 21 must accompany all minors)

I understand that it is my reasonability to provide or arrange for transportation to and from the event. Participants will provide their own shelter (boxes, tents) and should bring sleeping bags and warm clothing. All food and beverages will be provided. By my signature below, I hereby release and hold harmless HOPE Ministries, Inc. and all persons acting pursuant to its authority, from any and all liability for damages or injury to person and property of the participants. The undersigned parent, guardian and youth understand that the following behavioral guidelines apply for all participants: no alcohol, cigarettes or illegal drugs. No leaving of the group without the permission of adult helpers. Raymus House is a working homeless shelter for single moms and kids and access to the shelter is restricted. Entry into non -public areas is not allowed. In case of medical emergency, parent, guardian gives consent for Medical Treatment to be given to participant by Medical Professionals or by qualified staff. I also give permission for my child to be transported by ambulance or car or an emergency center for treatment. I understand that accident or health insurance, and all costs, are the responsibility of parents or legal guardians.

\_\_\_\_\_  
Printed name of Parent, Guardian

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent, Guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone number of Parent/ Guardian

\_\_\_\_\_  
Emergency Phone Number

- **Once Registration formed is received we will send out your participant package and pledge sheet.**