



Family Faith Night Participant Form

We're excited for a year of faith, fun, and fellowship! To effectively communicate, and ensure the safety of all participants, please complete one form per household.

Adult Participant Information:

For adults who do not have youth participating in Family Faith Nights:

- Complete this section only.
- If you are the only adult in your household participating in Family Faith Nights, fill out Adult #1 only. If there are multiple adults in your household participating in Family Faith Nights, fill out both Adult #1 and Adult #2.

For adults who do have youth participating in Family Faith Nights:

- Complete this section and the following section pertaining to youth/children.
- Even if you or other adults in your household are not actively participating in Family Faith Nights, fill out both Adult #1 and Adult #2 information for emergency contact purposes.

Adult #1 –

Name _____

Home Congregation _____

Cell Phone (____) _____

Email _____

Address _____

Adult #2 -

Name _____

Home Congregation _____

Cell Phone (____) _____

Email _____

Address (if different than adult #1) _____

Is Adult #1 actively participating in Family Faith Nights?

- Yes, as a participant in Big Questions
- Yes, as a participant in Big Questions and as a leader with Elementary or Middle School groups
- Yes, as a leader with Elementary or Middle School groups
- No, adult #1 is not actively participating

Does Adult #1 give consent to receive updates/reminders for Family Faith Nights via text messages? *(note: primary communication for all groups will be via text message)*

Yes

No

Is Adult #2 actively participating in Family Faith Nights?

Yes, as a participant in Big Questions

Yes, as a participant in Big Questions and as a leader with Elementary or Middle School groups

Yes, as a leader with Elementary or Middle School groups

No, adult #2 is not actively participating

Does Adult #2 give consent to receive updates/reminders for Family Faith Nights via text messages? *(note: primary communication for all groups will be via text message)*

Yes

No

Adult Liability Release

Please read and sign below as proof of your consent to the following:

11 I give consent for pictures taken as a part of Family Faith Nights to be used for communication and promotional purposes. Names will not be published with any photographs for the privacy of participants.

21 I release any and all liability, claims, or demands for accidental personal injury, sickness or death, as well as property damage and expenses, which may be incurred while I am involved in any Family Faith Night activity.

Adult #1 Signature _____ Date _____

Adult #2 Signature _____ Date _____

If you do not have children/youth participating in Family Faith Nights, disregard the remainder of this form.

Adults who do have children/youth participating in Family Faith Nights must sign above and in the following section.

Children and Youth Participant Information:

If you have a child/children who will be participating in Family Faith Nights (regularly or occasionally) fill out the following information.

Child #1 –

Name _____

Home Congregation _____

Cell Phone (_____) _____

Email _____

Grade _____ Age _____

School District _____

Circle group participating in at Family Faith Nights:

Elementary Middle School Other

Child #2 -

Name _____

Home Congregation _____

Cell Phone (_____) _____

Email _____

Grade _____ Age _____

School District _____

Circle group participating in at Family Faith Nights:

Elementary Middle School Other

Child #3 –

Name _____

Home Congregation _____

Cell Phone (_____) _____

Email _____

Grade _____ Age _____

School District _____

Circle group participating in at Family Faith Nights:

Elementary Middle School Other

Child #4 -

Name _____

Home Congregation _____

Cell Phone (_____) _____

Email _____

Grade _____ Age _____

School District _____

Circle group participating in at Family Faith Nights:

Elementary Middle School Other

Do you, as parent, and your child(ren) give consent for your children to receive updates/reminders for Family Faith Nights via text messages? *(note: primary communication for all groups will be via text message)*

Yes

No

Do you, as parent, give consent for your child/children to participate in off-site events (i.e.: Service Nights)?

Yes

No

Do you, as parent, give consent for Family Faith Night leaders to provide your children transportation to off-site events (i.e.: Service Nights)?

Yes

No *(note: if you check no, you will be responsible for transportation of your child(ren) and remaining with your child(ren) for the duration of any off-site event)*

Are there any adults not permitted to pick up your child from Family Faith Nights? If so, list here:

In case of emergency, do you give consent for a Family Faith Night leader to transport your child/children home following a Family Faith Night event?

Yes

No

Emergency/Medical Information:

In case of emergency, Family Faith Night leaders will contact parents/guardians first. If both parents/guardians are unavailable, Family Faith Night leaders will contact the emergency contact listed.

Emergency Contact Person: _____

Relationship to Child(ren): _____ Cell Phone: _____

Do you give consent for Family Faith Night Leaders to administer over-the-counter medication (Tylenol, Pepto Bismol, Ibuprofen, Antibiotic Ointment) to your child/children if needed?

Yes

No

Yes to some, but not all. Please specify more information here:

Do you children have any allergies, special dietary needs, recent injuries/surgeries, illness/diseases that we need to be aware of?

Children/Youth Liability Release

Please read and sign below as proof of your consent to the following:

1. I give consent for pictures taken of my children, as a part of Family Faith Nights, to be used for communication and promotional purposes. Names will not be published with any photographs for the privacy of participants.
2. In the situation in which I cannot be contacted, I authorize Family Faith Night leaders, over the age of 21, to consent to medical/surgical treatment as recommended by a medical professional in the case of an emergency.
3. I release any and all liability, claims, or demands for accidental personal injury, sickness or death, as well as property damage and expenses, which may be incurred by either my children or myself while I am involved in any Family Faith Night activity.
4. In a situation in which it is necessary for my child/children to return home due to medical reasons or disciplinary action, I assume all transportation costs and responsibility.

Parent/Guardian Signature _____ Date _____