

Community Mennonite Fellowship Youth Permission Form 2019/2020 School Year

Student Information

Name: _____ Age: _____ Gender: _____ B-day: ___/___/___

Address: _____ City: _____ Zip: _____

Cell Phone: _____

Grade: _____ School: _____

Parent Information

Parent/Guardian Name(s): _____ Cell Phone: _____

Names : _____ Cell Phone: _____

To begin receiving CMF Youth REMIND updates follow the instructions below. This is the primary communication method of the CMF Youth program and is important for staying up to date. Please sign up.

Parents: Text @cmfparents to 81010 to sign up. (You will receive C4 & Ignite updates as well as parent only updates)

Ignite Students (Grades 6-8) Text @igniteuth to 81010 to sign up. (You will receive Ignite student updates only.)

C4 Students (Grades 9-12) Text @c4cmf to 81010 to sign up. (You will receive C4 student updates only.)

(To stop receiving text updates reply to a message with @LEAVE and you will be removed from the group.)

Health Information

Allergies: List all known allergies including those involving medication, food, insects, asthma, hay fever and other allergies. Describe reaction and management of reaction. If more space is needed attach a second sheet.

Allergy	Reaction and Management
_____	_____
_____	_____
_____	_____

Medical or Dietary Restrictions: _____

Parent/Guardian Authorization

I, the undersigned parent/guardian, give permission for the above named to participate in church sponsored youth events during the 2019/2020 school year and adjacent summers. I give permission for the above named to be transported to and from the scheduled off-site youth events, by a driver approved by Community Mennonite Fellowship. I consent to the use of photo/video data of the above named by the CMF Youth Program. I recognize and acknowledge that youth activities can involve certain hazards including, but not limited to, illness, injury, and accidents, and release Community Mennonite Fellowship, its leaders, and volunteers from liability. I hereby certify that the information above is correct. IN CASE OF MEDICAL EMERGENCY, I consent to emergency medical treatment for my child. I understand that every effort will be made to notify me. If unable to be reached, I hereby give my permission to the chaperone(s) of the activity to make decisions necessary for treatment.

Signature of Parent/Guardian: _____ Date: _____

