

# CMF Youth Permission Form 2021/2022 School Year

## Student Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ B-day: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

## Parent Information

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**REMIND Messages** are the main form of weekly updates. If you are not on the REMIND list sign up now or snap a shot of this for later:

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

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

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

Our [Online Calendar/Newsletter](https://newsletter.dymapps.com/featured/2142) lists future events & event details: <https://newsletter.dymapps.com/featured/2142>

To contact Jim Hostetter (Director of Youth Ministries) email [jim@cmfmilton.org](mailto:jim@cmfmilton.org) or text/call 570-238-2250}

## Health and Allergy Information:

List Allergy and Medical Concerns here. (include how it's managed please)

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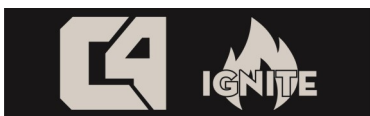
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Any non-allergy Dietary Restrictions: \_\_\_\_\_

## Parent/Guardian Authorization

I, the undersigned parent/guardian, give permission for the above named to participate in church sponsored youth events during the 2021/2022 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: \_\_\_\_\_



“Embrace & Pursue  
Christ”

