



All participants under the age of 18 MUST have the following parental permission!

PARENTAL AUTHORIZATION

I hereby give permission for my child to attend The Frequency Big Serve as indicated above. I further certify that this health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted. If your child needs medical, dental, health, or hospital services, you as a parent must give permission. It's the law. A child may be treated without parental consent when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health. Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child. You can prepare for unexpected care your children might need when you or they are away from home. To do this, you can give permission to other adults. They then act for you by permitting your child to be treated if unexpected care is needed. This is a legal document. With it you may appoint anyone who is 18 years of age – to be responsible for your children when you or they are away. It is especially important to prepare this form for the occasions when you know it will be hard to contact you. After you complete this form, give it to the adult(s) who are listed below to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person – physician, dentist or hospital representative. Permission is given to Frequency Youth at CLA to use photographs (individual or group) and/or multimedia images and recordings in the best interest of Frequency Youth Ministries at CLA. I give my permission for my son/daughter to participate on recreation trips.

PLEASE SIGN IF PERMISSION FOR ALL OF THE ABOVE IS GRANTED.
 Authorization to act on your students behalf: Jeff Davidson & Michelle Burkhouse

Parent/Guardian Signature: _____
 Date: _____

FREQUENCY YOUTH

Christian Life Assembly

2645 Lisburn Road

Camp Hill, PA 17011

717-737-6560 x 230

www.frequencyyouth.com

mburkhouse@christian-life.com

Schedule of Events

Wednesday August 10th

9:00 AM: MEET @ YOUTH CENTER
10:00 AM: LOCAL SERVICE PROJECTS
(LUNCH ON SITE)
4:30 PM: HOMELESS MINISTRY
6:00 PM: DINNER @ CLA
7:00 PM: FREQUENCY YOUTH
HIS NAME HIGH (WORSHIP)
LEE ROGERS (SPEAKER)

Thursday August 11th

9:00 AM: MEET @ YOUTH CENTER
9:30 AM: LOCAL SERVICE PROJECTS
(LUNCH ON SITE)
12:00 PM: ALLISON HILL BLOCK PARTY
6:00 PM: DINNER @ CLA
7:00 PM: WORSHIP SERVICE
HIS NAME HIGH
9:00 PM: *THE HOMELESS EXPERIENCE*
(SPEND THE NIGHT AT THE CHURCH!)

Friday August 12th

8:00 AM: BREAKFAST
9:00 AM: PICK UP



Please fill in every blank! EVERYONE must submit a registration form!
Deadline is the day of the event

NAME: _____
GRADE: _____ AGE: _____
HOME #: _____ CELL #: _____
E-MAIL: _____

MEDICAL INFORMATION

List all medical conditions: _____
Current medicines being taken: _____
List all restricted activities: _____
Allergies: _____
Type of reaction: _____
Treatment given: Date of last Tetanus Shot: ____ / ____ / ____
Is Youth Staff authorized to approve medical treatment? (circle one) Y / N
Is Participant covered by personal/family medical insurance? (circle one) Y / N
If yes, name of Insurer: _____
Policy or group number: _____
Family Physician: _____
Physician Phone Number: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Student: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____

SECONDARY EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Student: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____

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