

**Event Participant Agreement**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_

**Minor :** **Yes**  \_\_\_ **No**\_\_\_\_

Age:\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_

Church you attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Add’l Info**: **(Allergies, medical needs..,etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**While participating NHPI Youth Health & Fitness Day 2012 participants shall:**

**\*Respect each other, Staff and the facility the event is being held .**

**\*Zero tolerance for any obscene behavior or the use of foul language**

**\*You may not leave the Event without notifying a committee member or**

 **your guardian/parent’s permission.**

**\*Participate in all activities to the best of your ability. HAVE FUN!!**

***By my signature below, I acknowledge the receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I am aware that if I violate the agreement, the staff may , at their sole discretion, terminate my participation, and my parent/guardian will be contacted and required to provide me with transportation home at my own expense.***

**Child/Youth Participant’s Signature** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

**\*If child/student is a minor we need an adult name & signature of person(s) responsible for the minor participant. In case of an emergency we will need a good contact phone number for you.\***

Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***I give permission for my son/daughter to participate in the NHPI Youth Fitness Day activities***

***I have been advised that photos of my child(ren) will be taken throughout today’s activities. I authorize the N.H.P.I Health & Fitness committee –WA to go ahead and use these photos for on the website as well as any other documents to advise people of today’s events and promote heath and fitness awareness in our community.***

Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print)

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_