



### General Program Information

**Date:** Tuesday evenings, plus other special events throughout the year  
**Time:** 6:00pm to 7:30pm  
**Location:** Community Bible Fellowship, 11227 Renton Ave S., Seattle, WA 98178  
**Cost:** FREE; Parent/Guardian Release Form Required  
**Contact:** Lovell Davis, 206-402-2243; [lovell@alliin.org](mailto:lovell@alliin.org)

***Please fill out this form and return to an ALLiN representative.***

### Youth Information:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Youth Birthdate      Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Allergies \_\_\_\_\_

### Parent/Guardian Information:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relation for Guardian to Youth \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_

Email address \_\_\_\_\_

Home Address \_\_\_\_\_

**Preferred Method of Communication:** ☐ Phone ☐ Text ☐ Email ☐ Other: \_\_\_\_\_

### Emergency Contacts:

List any legal guardians (including yourself) who should be contacted along with phone numbers

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**Transportation:**

- ☐ By checking this box, I agree for the child listed on the previous page to be transported to and from a specified pickup/drop-off location in an ALLiN vehicle, unless otherwise agreed upon.

Pickup location: \_\_\_\_\_

Drop off location: \_\_\_\_\_

**Core Values & Policies:**

- ☐ By checking this box, I agree that I have read and understand ALLiN's Covenant Code of Conduct, and will review them with my child listed above.

**Photo Release:**

- ☐ By checking this box, I grant permission to ALLiN to use my child's photograph(s) and/or videos on its website and social media pages.

**Consent and Release of Liability:**

By signing this form, I give consent to the child listed on the previous page to participate in ALLiN Youth Group activities. I understand that some of these activities may involve a possible risk of harm, and I agree to hold the staff, volunteers and sponsoring organizations free from liability to the extent permitted by law.

**Emergency Medical Release:**

By signing this form, I give permission for the child listed on the previous page to receive emergency medical care due to sudden illness or injury during the dated given at the top of this form. I release the volunteers, staff, sponsoring organizations and medical personnel from liability for the medical treatment given, including any treatment given by 911 emergency medical responders.

**Parent/Guardian Authorization:**

I give permission for my child to attend and participate in any ALLiN activities, events, retreats and to participate in sensitive topic discussions. By signing this form, I represent that I am the parent or guardian of the child I have listed, and that I have the authority to authorize this consent form.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date