2026-2027 Kids Club Mondays & Wednesdays

The Salvation Army Permission/Waiver & Medical Release Form.

Shirt Size

PLEASE PRINT
Child's Name_____

Parent(s)/Legal Guardian(s) of Child #1_____ #2 _____

Parent's/Legal Guardian's email address_____

Address (Street) _____ (City) _____ (State) _____ (ZIP)_____

Age of Child _____ Birth Date _____ Academic Grade _____ School _____

Home Phone (_____) _____ Work Place (_____) _____

Emergency contact person_____ Phone (_____) _____

Relationship to Child _____

Transportation
How is child arriving to our program?

___ Salvation Army bus picks up at school

___ School bus drops off at our location

___ The parent/guardian drops off at our location

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

_____

Medical Insurance Information

Medical Insurance Company_____ Policy #_____

Phone # _____Medical Doctor _____

Signed _____

Parent/Guardian_____ Date _____

Other information

Please list any other information that you believe is necessary for The Salvation Army and its leadership in order to keep the child and all other participants in the program/activity safe from harm.

_____

Functions and Activities

I acknowledge that participating in the programs and recreational and other activities of The Salvation Army incurs certain risks associated with these activities, including by way of example, physical injury, illness, or even death due to transportation and activity-related accidents. I acknowledge that there may also be other risks in these activities that I am not presently aware.

Release of Liability

By Signing this Permission/Waiver/Medical Release Form, I expressly warrant that the child named above or I (if I am a participant) am capable of withstanding both the physical and mental demands of The Salvation Army Program/Activity that is attended (program/activity stated above.) Whether such risks are known to me at this time I further release The Salvation Army and its staff, volunteers, and agents from any claim that my child or I may have against them as a result of injury or illness incurred during the course of the participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims of that members of the child's family or estate, heirs, representatives or assigns may have against The Salvation Army or its staff, volunteers, or agents.

I further agree to indemnify and hold harmless The Salvation Army and its volunteers, or agents from any and all claims arising from the participation in the programs/activities, or as a result of injury or illness of my child during such activities.

Special Events and Trips

I understand that the child named above will be attending **Character Building & Music / Arts Classes on Campus, Outdoor Activities, Games, & Sports**

Publicity

On occasion, The Salvation Army takes photographs or makes an audio or videotape recording of children and or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in The Salvation Army publications or advertising materials to let others know about our ministry.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where that child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of The Salvation Army to seek and secure medical attention or treatment named above or for me, if I am a participant, including hospitalization if in the agent's opinion such a need arises. In doing so I agree to pay all fee's and costs arising this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again: I agree to pay for the medical treatment.

Emergency Contacts

Names of persons and telephone numbers to call in case of emergency:

_____	_____	_____
Parent/Guardian	Home/Cell Phone	Work Phone
_____	_____	_____
Parent/Guardian	Home/Cell Phone	Work Phone
_____	_____	_____
Other	Home/Cell Phone	Work Phone

Swimming Ability

___ Non-Swimmer
___ Beginner (Capable of swimming several minutes in deep water)
___ Moderate (Capable of swimming several pool lengths)
___ Advanced (Capably of swimming long distances)

Other Information
Other information leaders should know bout the child or adult participant:

Release of Children After Program Activities
When program activities have concluded, my child may be release into the care of:

___ Only the parent or guardian designated on this form

___ The parent/guardian or the following individuals listed below:

_____

_____

_____

Final Statement

I hereby agree to participation in the above stated programs and activities of The Salvation Army Program, I hereby consent to the Permission/Waiver Form, including the Release Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

_____ _____
Signature of Parent or Legal Guardian *Date*

_____ _____
Print Name of Parent or Legal Guardian *Date*

_____ _____
Witness Signature *Date*