Both parent, guardian, and child(ren) must complete a separate application.

Membership Application

Post Office Box 601 ▪ Gonzalez, FL ▪ 32560-0601

Email: info@emmauskidzandcompany.com
www.emmauskidzandcompany.com

Name of Member: _____
First MI Last

Date of Birth _____/_____/_____ Age: ____ Child's Home Phone #: (___)_____

Home Address: _____

City: _____ State: _____ Zip: _____

Church: _____

School: _____ Grade: _____

Any known allergies: _____

Medical Insurance: Yes ☐ No ☐ Insured by: _____ # _____

Note: For participants without medical insurance, please complete the Parental Release Form

Number of years Youth has participated in Emmaus Kidz? New☐ 1-2☐ 2-3☐ 4-5☐ 6-7☐ 7+☐

Does the member have siblings joining? Yes☐ No☐ - If yes, list names: _____

_____

Choose T-Shirt or Polo Shirt and size
T-Shirts $10.00☐ Polo Shirts $15.00☐
Size: **Youth** – S☐ M☐ L☐ **Adult** – S☐ M☐ L☐ XL☐ 2X☐ 3X☐

Parent/Guardian: _____

Parent/Guardian's Home Phone #: _____ Cell #: _____

Parent/Guardian's Email: _____@_____

Emergency Contact: _____

Person to contact if parent/guardian is not available

Relationship to EK Member: _____ Emer. Contact #: _____

EK Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Amount Received: $_____

Payment Information paid by: CASH☐ CHECK☐ MONEY ORDER☐
CHECK#_____

Payment Received by: _____ Date: _____

EMMAUS KIDZ TRAVEL CONSENT FORM

THIS FORM IS <u>REQUIRED</u> FOR ALL TRAVELERS (Adults & Minors)

I hereby grant permission and authorization for

_____	_____	_____
Name of EK Traveler	Age	Birthdate

My child and/or myself (name listed above) to travel and participate in all activities with members of Emmaus Kidz of Mobile & Pensacola Mentoring Program. This authorization includes any regular meetings each as well as all special trips throughout the year.

I understand that the method of transportation will be Emmaus Kidz Bus/Vans for regular meetings-rehearsals and/or chartered buses or vans for special events which may include travel to various cities in the United States which I will be notified in advance. I also understand that pickup in Mobile and in Pensacola at Charity Chapel Church (Montgomery Avenue). Return destinations will be the same as pickup for each event.

As parent/guardian, it will be my responsibility to pick up my minor child after each activity/event and not the responsibility of Emmaus and its agents to transport my child home in Pensacola, Florida and/or Mobile, Alabama.

I assume all risks and liabilities which may result from my child participating and release and forever discharge and hold harmless Emmaus Road Outreach and Emmaus Kidz and its agents, servants, employees, and successors from any and all actions, causes of action, claims, demands and liabilities arising out of injury to or damage sustained by my child.

I agree to not hold the Emmaus Road Outreach and Emmaus Kidz against any and all liability or loss, and against all claims or actions based upon or arising out of damage or injury to persons or property caused by my child(ren).

In the event of injury to my child or myself, I hereby consent and authorize the administration of all treatments and tests that may be considered advisable or necessary in the judgment of any qualified medical personnel.

I understand that as a condition of my child or myself being a traveler, I will provide complete medical insurance coverage for any medical expenses which may be incurred. I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible amount when I purchased the policy. If I do not have medical insurance, I understand that all medical expenses will be my responsibility.

Typing your name in the boxes below indicates your signature

_____ _____

Parent/Guardian Signature (for travelers 0-17 years of age) Date

_____ _____

Traveler's Signature (required for all travelers over 18) Date

State of _____ County of_____

Before me personally appeared the said _____, who states that he/she executed the above instrument on his/her own will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed before me this _____day of _____, 20_____

_____ (Signature of Notary Public)

_____ (Print/Type or Stamp Commissioned Name of Notary Public)

Personally Known_____

Produced Identification_____

Notary Seal