



Disability Ministry Registration/Permission Form

August 2009-May 2010 Ministry Year

- New to NHC Disability Ministry Has attended NHC Disability Ministry before
- Christian Glory Club** - Tuesdays 7:00-8:30 p.m. (Fee: \$50.00) Check # _____ Cash
(Please make checks payable to NHC and include participant's name. Glory Club funds are used for Disability Ministry materials, equipment, entertainment, refreshments and the year-end banquet.)
- Friendship Class** - Sundays 11:15-12:15 a.m. (no fee)

PLEASE PRINT CLEARLY:

Name _____ Living in: Group Home Private Home/Apt.
Address _____ City _____ ST _____ Zip _____
Birthdate _____ Age _____ Email Address _____
Group Home Name _____ Group Phone # () _____
Group Home Contact Person _____
(Please note: Personal care attendants must be available to assist with special needs such as feeding, bathroom assistance or behavioral concerns.)

Person(s) to contact in case of emergency:

Name _____ Relation _____
Day Phone () _____ Evening Phone () _____
Alternate Person _____ Phone #(s) _____

Legal Guardian:

Name _____ Address _____
City _____ ST _____ Zip _____ Email _____
Phone (Day) () _____ (Eve) () _____

Please read and sign: I give permission for the above individual to participate in activities with the NHC Disability Ministries and receive medical first aid if it should be needed. I understand in the case of a medical emergency, after trying to contact the Legal Guardian or emergency contact person that 911 will be called. I have agreed to hold harmless New Hope Church efca, its staff, volunteers and sponsoring churches in the event of accidental injury or illness.

Legal Guardian Signature _____ **Date** _____
(Please provide authorization to sign as legal guardian if not listed above. Signature will be valid every year after initial authorization unless New Hope Church receives written notification to the contrary.)

- I also give my consent to New Hope Church to photograph the above named person and to use such pictures and stories in connection with any work of the church and hereby release any claims whatsoever that may arise. I understand that names will not be used with pictures unless NHC staff makes a verbal request to me for consent.

***Please note on the back of this form any medical or behavioral concerns that we should know about, or any additional information needed in case of an emergency.**

Mail to: NHC - Attn: Disability Ministry • 4741 Zealand Ave. N. • New Hope, MN 55428