* Parents fill out the Horizon Church Jaco **Permission, Release, and Consent Form**
* Students **READ** & **SIGN** **Activity Contract** and Release. Ask your parents to fill out the information you don’t know and have them sign.
* Students fill out the I**ndividual Skills Inventory** and answer the questions on the back of the page.
* Turn in all registration papers to your Youth Pastor (if he/she is in charge of your paperwork) or drop off to Horizon Church Jaco.
  + Address for Horizon Church Jaco
    - *Calle Gemelas, 200 meters north of Costa Linda, Jaco, Costa Rica*
* Payment is only in *cash* or *online* (with 5% charge)
* Keep the **Packing List** (last page) for yourself.
* Go visit our website, [www.horizonjaco.org/soulinthecityjaco](http://www.horizonjaco.org/soulinthecityjaco)
* NOTE: **No student cell phones** will be permitted during the week of Soul in the City.

**PERMISSION AND CONSENT FORMS**

**Event: Soul in the City Date of Event: July 7th- July 11th**

DUE ALONG WITH THIS FORM: $100 on or before July 1st, 2019

**Church Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Youth Pastor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name (Please Print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **(2019 school year)**

I hereby give my permission for myself and/or my child to participate in an activity organized by Horizon Church Jaco (Asociasion Horizon Iglesia- herein HCJ). I hereby release, hold harmless and absolve HCJ, their officers, staff, sponsors, vendors, and all others who have participated in the planning, organizing, and implementing of the activity, be they individuals or organization, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation during the camp. I understand that in the event I or my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the HCJ staff or any adult counselor acting on behalf of HCJ with respect to the activity, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by physician, surgeon or dentist (as appropriate) licensed to practice under the laws of Costa Rica where the service are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all my child’s medical allergies, medications being taken, medical problems and other pertinent information. I hereby represent that I have, or my child has the experience and is physically and mentally capable to engage in Event Activities. Finally, I agree that HCJ may tape or photography my child and record his or her voice during their participation in the activity. I agree that HCJ will be able to use them, in whole or in part, whether in original or modified form in any manner or media, including without limitation, for the purposes of advertising, promoting and publicizing HCJ whether during the activity or thereafter.

**List of any medical needs or allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prescription / Non Prescription Drugs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Doctor Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Student: \_\_\_\_\_\_\_\_**

**Emergency Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Night Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent or Legal Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle your t-shirt size:. Small Medium Large X-Large XXL**

**ACTIVITY CONTRACT & RELEASE – SOUL IN THE CITY 2019**

**Name of Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthday:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade School YR 2019:** \_\_\_\_\_\_\_\_\_\_\_ **Gender:** \_\_\_\_\_\_\_\_\_\_

**Email Address: (Parent)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Parent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that if I sign this document, I will be applying to participate in the 2019 Soul in the City, which is sponsored by Horizon Church Jaco and is strictly voluntary and a privilege. I understand that I am expected to participate in the activity on the terms and conditions set out in this document, and that this document is a binding contract between me and HCJ.

I agree NOT (a) to use alcohol, illegal drugs, tobacco products, (b) to engage in sexual conduct of any kind, or (c) to possess a weapon at any time during the activity. I also agree to abide by any other rules established by HCJ and the sponsor or coordinator of the activity. I acknowledge that these rules are non-negotiable and that if I violate any of them, my parents or guardian will be notified and I will be sent home at y expense .

It has been explained to me that participation in the activity may expose me to rise of personal injury and damage to my property. In exchange for being allowed by HCJ to participate in the activity, I agree (a) that HCJ, its members, ministers, board, agents, and employees will NOT be liable to me for injury to me or my property arising out of or occasioned by, directly or indirectly, my participation in the activity, and (b) that it is my intent to release HCJ, its members, ministers, board, agents, and employees from liability even if my personal injuries or property damage is caused by the sole negligence of contributory negligence of HCJ, its members, ministers, board, agents, or employees.

**Signature of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(I/we have read this document and understand it.)

**Mom, Dad, or Guardian:**

**I/we have read this document and understand it. I/we hereby give permission for (student’s name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend this activity and in the event of an accident or illness, permission for the student to receive emergency medical treatment as deemed necessary by a licensed physician or medical personnel.**

**Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**INDIVIDUAL SKILLS INVENTORY**

To be filled out by EVERY participant and returned with your Permission & Consent forms. Your answers on this page are very IMPORTANT concerning your serve team for the week of Soul in the City 2019. Please print neatly and legibly.

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

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language (please circle): Spanish English

**Tell us about your gifts, skills, and interests!**

1. **In the blanks below, rank your top three interests by putting a 1, 2, or 3 in the circle next to the skill you prefer. (1 being your top choice, etc.)**
2. **Also, circle the activity under each of your top three selections that you would feel most comfortable performing as you serve.**

**+ Craftsman Skills (working with my hands): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**-Yard work -Painting -Hammering -Building things**

**+ Children’s Skills (interacting with children younger than you): \_\_\_\_\_\_\_\_\_\_\_**

**-Arts/Crafts -Music -Games -Bible Lessons**

**+ People Skills (building relationships with others): \_\_\_\_\_\_\_\_\_\_**

**-Elderly Friends -Homeless -Singing -Musicial Instrument (type):**

**+ Helping Skills (serving people and places): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**-Food Service -Cleaning -Setting Up Chairs**

**+ Any Other Skills: Tell us any skills or gifts that you have that are not listed about but may be useful during Soul in the City.**

**Lastly, if there is one job you wish NOT to do, list it here: \_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­**

1. Please describe what Jesus means to you. (It’s ok to be honest.)
2. Why do you want to come to Soul in the City 2019?