Christ In Youth Ministries at Chapel of Hope

67 S Culp, Russell, KS

Every Wednesday beginning September 16, 2026 4:30-5:45 PM

(ages 4 years-6th Grade)

Participant Name: **Date of Birth:**

Grade/School Year:

Parent/Guardian Name: **Parent/Guardian Phone Number:**

Parent/Guardian Email Address:

Emergency Contact Name: **Emergency Contact Phone Number:**

This event ends at 5:45 PM. Will your child be picked up or are they permitted to walk home by themselves?
[ ] Picked up [ ] Can walk home

Does the participant have any allergies or medical conditions we should be aware of?
[ ] Yes [ ] No If yes, please specify:

Photo/Video Release:
[ ] I give permission for photos and videos taken during the event to be used for church promotional purposes.
[ ] I do not give permission for photos and videos to be used.

Medical Emergency Authorization:
[ ] In the event of a medical emergency, I authorize the event staff to seek medical treatment for my child if I cannot be reached.

Parent/Guardian Signature: **Date:**

This form must be submitted before September 16th or participating youth may bring it with them the night of Sept 16th.

Contact Alice Hammack (hammackalice@gmail.com 785-483-1795) with any questions about the program.

Christ In Youth Ministries at Chapel of Hope

67 S Culp, Russell, KS

Every Wednesday beginning September 16, 2026 5:30-7:00 PM

(ages 7th Grade-Senior)

Participant Name: **Date of Birth:**

Grade/School Year:

Parent/Guardian Name: **Parent/Guardian Phone Number:**

Parent/Guardian Email Address:

Emergency Contact Name: **Emergency Contact Phone Number:**

This event ends at 7:00 PM. Will your child be picked up or are they permitted to walk home by themselves?
[ ] Picked up [ ] Can walk home

Does the participant have any allergies or medical conditions we should be aware of?
[ ] Yes [ ] No If yes, please specify:

Photo/Video Release:
[ ] I give permission for photos and videos taken during the event to be used for church promotional purposes.
[ ] I do not give permission for photos and videos to be used.

Medical Emergency Authorization:
[ ] In the event of a medical emergency, I authorize the event staff to seek medical treatment for my child if I cannot be reached.

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