



ATLAS After School Program

Membership Application 2019 - 2020
\$20 Enrollment Fee – per child

Participant's Name:		Age as of August 2019:
Grade as of Aug. 2019:	School:	Date of Birth:
Home Address:		
City:	Zip Code:	Gender:
Participants Enjoys:		
Does your child attend or participant in any other programs that may conflict with their attendance at our programs? Yes No (If yes, please list them.) 1. _____ 2. _____		

Please list any/all allergies participant has and any/all medical information of which the Youth Coordinator should be aware. If there are not known allergies, please indicate that as NKA.

Parent 1	Parent 2
Name:	Name:
Cell #	Cell #
Home #	Home #
Work #	Work #
Email:	Email:
Participant lives with:	

* Information regarding upcoming events will be sent via flyer, text and/or e-mail.*

Emergency Information	
Emergency Contact (other than parents):	
Relationship to Participant:	Emergency Phone #:
Physician Name:	Physician Phone #:
Insurance Name:	Policy/Plan #:
Insurance Phone #:	Group #:

Others Authorized for Pick-Up		
Please limit to no more than 3 Authorized pickups besides parents or guardians		
Name:	Phone #	Relationship:
Name:	Phone #	Relationship:
Name:	Phone #	Relationship:

Authorizations/Permissions:

General: As parent/guardian of my child, I grant permission for my child to participate in all ATLAS Ministry, Inc. After School Programming for the 2019-2020 school year. I hereby release ATLAS Ministry, Inc. and its staff of any and all liabilities incident to and arising out of any/all Youth Department programs.

Publicity Release: As parent/guardian of my child, I grant permission for ATLAS Ministry, Inc. to use my child's likeness or photograph in any publication, advertisement, display, or other medium in connection with the programs, activities, and events of ATLAS Ministry, Inc.

- with name without name

RSVPs: I understand that space at an event is contingent upon on time RSVPs and that RSVPs gives the ATLAS staff an accurate number for food, beverages, seating and more.

Medical/Surgical: As parent/guardian of my child, in the event that I cannot be reached in an emergency, I give express permission for ATLAS Ministry, Inc. to secure proper medical treatment for my child at a hospital or with a physician selected by ATLAS Ministry, Inc. I hereby grant express permission to the physician or hospital selected by the organization to hospitalize, treat, order injection or anesthesia, or perform surgery for my child. Furthermore, I accept full responsibility for any such services rendered.

T-Shirt (All Youth Groups)

Each youth group member will receive a t-shirt. After school youth **MUST** wear their youth group shirt to off-site trips. If your child does not wear his/her youth group shirt on the day of an off-site trip, they will be given another shirt and you will be charged \$10.00 for the additional shirt.

Please circle T-Shirt Size (if available): Child S Child M Child L Adult S Adult M Adult L Adult XL

Parent/Guardian's Signature: _____

Date: _____

ATLAS Office Use Only

Application Received Date: _____

Application Reviewed By: _____ Date: _____

Application Accepted Application Wait Listed - Reason: _____

**For more information, please contact
Tianeshia Miller – Youth Coordinator
tianeshia@atlasministryinc.org
706-453-0581 ext. 110
1560 S Main Street, Greensboro, GA 30642
www.atlasministry.org**