



MEMBERSHIP APPLICATION

Today's Date ___ / ___ / ___

Last Name _____

EK MEMBER _____

First _____ MI _____ Last _____
Date of Birth _____ Age _____

Home Address: _____

City: Pensacola / Mobile State: Florida / Alabama Zip: _____

Child's Home Phone #: 850 / 251 _____

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 more

T-Shirt size: Youth- S M L (circle) Adult Size – S M L XL 2X 3X (circle)

Do you have siblings joining? ___ Yes ___ No : If yes, list names: _____,

_____, _____, _____

Parent/Guardian: _____

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

Parent/Guardian's Email: _____ @ _____

Emergency Contact: _____

Relationship to EK Member: _____ Person to contact if parent / guardian is not available
Emer. Contact # _____

EK Member Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

PAYMENT INFORMATION

Cash ___ Check ___ Money Order ___

Registration \$ _____ Received by _____ Date: _____

Polo Shirt \$ _____ Christmas Banquet \$ _____ Other: \$ _____



Permission to Participate in Biblical Teaching Yes, I understand that biblical teaching is part of the Emmaus Enrichment Program **and** I give permission for my child to participate in biblical teaching while at any Emmaus programs and/or functions.

Signature of Parent / Guardian _____ Date _____

Promotional / Photo Release I consent to have my child photographed, videotaped, and/or audio taped by Emmaus as well as the use of creative works produced by my child for means of public display for promotional purposes of the Emmaus Kidz programs. I release and hold harmless Emmaus of any and all claims or liability that shall arise by the use of my child's creative work(s), photograph, likeness or voice. I agree that no monies or other consideration in any form will become due because of my child's participation in any of the above activities.

Signature of Parent / Guardian _____ Date _____

Emergency Medical Release (I), the undersigned, parent(s), hereby authorize the adult leader(s) in charge as agents for the undersigned to consent to any emergency medical services or treatment which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital. This authorization is given in advance to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any emergency medical treatment. This authorization will remain in effect indefinitely, unless cancelled by the undersigned.

Emergency Contact: _____ or _____
 (parent will be used unless otherwise indicated) If different from parent, please give relationship _____
 Cell Phone or Emergency Phone Number: _____

Signature of Parent / Guardian _____ Date _____

Child Release Authorization Children are highly valued at Emmaus and we want to keep them safe. When Emmaus is dismissed, please come and pick up your children personally and promptly. Children will only be released to an adult within our authority. Please **DO NOT** send siblings to pick up minor children. Please only release my child to myself or the following adult(s):
 _____ or _____ **(Mobile, AL)** members / children transported by bus will be given to the proper adults prior to boarding and/or leaving bus. I will pick up my child within 10 minutes of the events ending and or their return to the Mobile pickup location.

Any custody issues we need to be aware of or restrictions on who can pick up your child: Yes No
 Who cannot pick up your child? _____

Signature of Parent / Guardian _____ Date _____

Parent Involvement Parental involvement is necessary for the success of Emmaus Programs. Please mark areas in which you would be able to participate. All parents are encouraged to serve in some capacity within the Emmaus Program.

_____ Attend Parent Meetings	_____ Help with fund raising events	_____ Provide supplies	_____
_____ Prepare meals during events	_____ Set-up or Clean-up for special events	_____ Drive for trips	_____
_____ Chaperone events / trips	_____ Help provide Scholarships for children	_____ Provide snacks	_____ Provide funds for events

Signature of Parent / Guardian : _____ Date _____



P O Box 601 Gonzalez, FL 32560-0601 850-698-0571 850-474-1136 Non-Profit 501-C3

October 10, 2016

Dear Parents and Guardians:

Now that Summer 2016 has ended, we are ready to begin another exiting year with each of you in mind. We welcome all new members and their families as well as our returning members. As always, the start of an Emmaus year will be filled with new and fun activities, projects, and field trips for every age group.

We are excited about this year and have planned new adventures in developing life skills. Emmaus Kidz programs should be an excellent experience for your child because they will have dedicated mentors and positive role models helping and teaching them what they need to succeed in life, however; they must have regular attendance to receive the blessings. We also encourage our parents to become actively involved in the program and assist whenever needed.

The 2016 - 2017 handbook will help you and your child become familiar with your expectations as an Emmaus Kidz member. Please take time to read the handbook. You may want to keep it in a special place and refer to it throughout the year. If you need to contact us, you may e-mail us at ekidz07union@bellsouth.net or you may call 850-698-0571 or 850-698-0572.

Thank you in advance for your cooperation in getting this year off to a great start.

Prayerfully submitted,

J. O. Gatson Executive Director

Gloria Gatson Parents of Purpose Director