



**The Salvation Army in Licking County  
250 East Main Street  
Newark, Ohio 43055**

Child's Name \_\_\_\_\_

Only the people on this list will be permitted to pick up your child. Please fill out all of the names of each person you will allow to pick up your child. If someone who is not on this list will be picking up your child, please send a written permission slip at the beginning of the day. If a name is not on this list or a permission slip is not sent, your child will not be released. Please also let the pickup person know that he/she will be asked for a photo I.D.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

\_\_\_\_\_ Club 3:16 (Children 6-12yrs, Thurs. pm)  
\_\_\_\_\_ Sunday School

\_\_\_\_\_ Jr. Soldier

\_\_\_\_\_ The Point (Middle & High School girls Tues. pm)  
\_\_\_\_\_ Corps Cadets

Corps: \_\_\_\_\_  
DHQ Event: \_\_\_\_\_



COMMUNICATIONS DEPARTMENT  
The Salvation Army, USA Eastern Territory  
440 West Nyack Road, West Nyack, NY 10994

**AUTHORIZATION FOR UTILIZATION OF PHOTOGRAPH/FILM/AUDIO/TEXT/DIGITAL MEDIA  
BY THE SALVATION ARMY NORTHEAST OHIO DIVISION**

I, \_\_\_\_\_, hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission and consent to use and re-use, disseminate, copyright, print, edit, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication, media or social media, my name, signature and likeness, and any portraits, pictures, photographic prints, film, audio tracks, text, digital media or other representations of me, or in which I may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in you discretion, prepare for us in connection therewith. I warrant that I have not limited or restricted the use of my name, photograph or film likeness to use of any organization or person.

I hereby grant unrestricted use of photograph, film, audio, text, or digital media by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I certify that I am at least 18 years of age, my birth date being \_\_\_\_/\_\_\_\_/\_\_\_\_, and have the right to contract in my own name and to the extent herein set forth.

Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
E-mail \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**AUTHORIZATION RELATING TO A MINOR OR INDIVIDUAL UNDER LEGAL GUARDIANSHIP**

I certify that I am the parent/legal guardian of \_\_\_\_\_ and have executed this release on his/her behalf. (Please fill out a separate release form for each child)

Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
E-mail \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CHECK THIS BOX IF INFORMATION IS THE SAME AS ABOVE

**WITNESS TO EXECUTION OF RELEASE**

Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
E-mail \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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\_\_\_\_\_ Corps Cadets

## Field Trip Form

I give permission for my child \_\_\_\_\_ to be taken off the premises of *The Salvation Army in Licking County* for such occasions as special trips. I understand that my child will be transported by Salvation Army owned and operated vehicles. I understand that my child will be transported by Salvation Army owned and operated vehicles and I may be required to complete additional field trip forms as required.

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Parent/ Guardian Signature

Date

## Social Media Use

I give permission for my child (over 13 years of age)

\_\_\_\_\_ to become a follower of The Salvation Army's Facebook® page or Twitter® feed. I have informed my child that any member of the staff or volunteers of The Salvation Army of Newark, Ohio are mandated reporters. A **mandated reporter** is a person who, because of his or her profession, is legally required to report any suspicion of child abuse or neglect to the relevant authorities. These laws are in place to prevent children from being abused and to end any possible abuse or neglect at the earliest possible stage. <https://saconnects.org/keepsafe-information/> Hence, it is important to note that our staff is instructed as follows: anything that he or she sees that you may post that is the least bit inappropriate, bullying, uncivil, and illegal, against our policy or state law, we are ethically and professionally compelled to act upon, inform the authorities, and call your parents/guardians.

Parent/ Guardian Signature

Date

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Camper Signature (if over 13 years of age)

**THE SALVATION ARMY IN LICKING COUNTY**  
**2017-2018 YOUTH PROGRAMS**  
**RULES AND PROGRAM POLICIES**

1. The Newark Salvation Army Club 3:16 Children's Program begins at 5:00 P.M. on Thursday nights. We ask that the children who are participating in these activities be at The Salvation Army by 4:45 P.M. so we can begin our programs on time with all of our children in attendance. The Point Middle & High School Teen Girls Program begins at 5:30 P.M. on Tuesday nights. Sunday School begins at 9:45a.
2. We are asking if you have means of transportation that you drop your child off at The Salvation Army at 4:45 P.M. and pick them up at 7:00 P.M
3. Because The Salvation Army is a member of the Christian church, devotions and Bible Study will be held during our time together. Actions of staff and participants will reflect these values during any Salvation Army facilitated event. Junior Soldier prep and courses, as well as Corps Cadets courses are attended only after a recommendation by the Corps Officer.
4. Occasionally during the year, we will be taking field trips in which we will not be on The Salvation Army property. We will notify you two weeks in advance if we expect to have one of those field trips.
5. All transportation will be provided by Salvation Army owned or operated vans, and provided on an as-needed basis only.
6. Dinner will be provided every evening during Youth Programs, snack will be provided during Sunday School.
7. Any action committed by the child that endangers the safety of other children, staff, or the child, will be considered as grounds for immediate dismissal from the program. We strive to maintain a safe and constructive atmosphere at all times.
8. We have in place a system to hold the children accountable for their actions. We expect the children will respect themselves as well as others. We expect the children to keep their hands to themselves and we also expect them to participate in the programs that they are attending. In order for your child to participate in the Youth Programs at The Salvation Army, we must have on record a contract signed by both the participant and their parent or guardian.
9. All children who attend the youth programs must have a registration/information packet on file in order to attend.

10. In order for a child to participate in a particular field trip, they must be in attendance the two weeks leading up to the field trip. Only the Director of Youth Ministries may grant exceptions.
11. Youth Programs will be in session from 4:45 P.M. to 7:00 P.M on Thursdays, 5:30 P.M. to 7:00 P.M. on Tuesday. The Point also participates in quarterly community service projects and field trips.
12. If a parent will not be picking up their child, or a person not listed on the authorized pick up list will be picking up their child, a letter must be given to the Director of Youth Ministries at the beginning of the program evening.
13. Teen helpers for Club 3:16 will be assigned to “mentor” one or two younger children based on attendance. Teen helpers are expected to conduct themselves in a manner that positively reflects the principles and objectives of The Salvation Army Youth Ministries Programs. No teen helper is permitted to discipline Club 3:16 program participants, and if the behavior of the teen helper is disruptive to the Program, the teen helper may be disciplined for his or her behavior and respectfully requested not to participate in Club 3:16.
14. Each child participating in Club 3:16 is also required to register with The Salvation Army in one of the Corps Troops programs. Sunbeams for girls grades 1 – 5. Girl Guards for girls grades 6 – 12 (our program ends when girls turn 12 years), Adventure Corps for boys grades 1 – 5. Each child is expected to pay dues for his or her badges earned. Please refer to <https://saconnects.org/boothyouth-troops/> for more information.
15. If you have any questions or problems with any staff members, please contact Lt. Denise Martin and/or Corps Ministries Assistant, Jeannie Ferrara at (740) 345-8120 x 102.

### **SAFETY OF CHILDREN**

1. No child shall be left alone or unsupervised.
2. Each leader will be required to complete The Salvation Army’s **KeepSAfe** training. The Salvation Army is a mandated reporting agency, we are required by law to report instances of child and vulnerable adult cases of abuse or neglect.
3. Leaders will have access to a non-coin operated telephone; no cell phones are allowed for either leaders or participants during classes.
4. In case of a severe storm, a weather alert radio will give off a signal sounding like three beeps. A weather alert plan will be followed.

### **Field Trip Safety**

1. Each parent/guardian will sign a permission slip at the beginning of the season stating that his/her child is permitted to attend the field trip.
2. Every child will wear a seat belt when being transported by vans.
3. There will be a leader assigned to a designated group of children. This leader will be responsible for these children at all times.
4. A first aid kit will be located in each van.
5. Emergency Authorization Forms for each child will be taken on all field trips.
6. A list of van transportation rules will be shared with each child at the beginning of the season.

**\*Any child who causes intentional damage to the vehicle and or other passengers is subject to dismissal from the program as well as the parent/guardian being held responsible for damages.**

### **STUDENT CONDUCT**

1. Participants will not be permitted to use inappropriate language at any time during the season. This includes, but is not limited to while at The Salvation Army in Licking County facility, Salvation Army vehicles, or at any Salvation Army sponsored activity.
2. Participants will be respectful to other participants, staff, and volunteers.
3. Physical abuse (IE: hitting, biting, pinching, slapping, kicking, etc.), verbal abuse (calling names, etc.), and emotional abuse (“mean-girl” syndrome, clique behaviors, and/or exclusionary behaviors) will not be permitted by any participant at any time.
4. Participants will not act in any way that will cause damage to any part of the facility or property that is owned or operated by The Salvation Army in Licking County.

### **DISCIPLINE OF CHILDREN**

1. If a child is being disruptive, he/she will be removed from the situation and will be directed to a cool down area.
2. If the child continues to be disruptive, he/she will not be permitted to participate in the next activity. During this time, a conference between the child and the Youth Director will be held.
3. If the behavior continues, the child will be removed from the group. The parent will be called and the child will be dismissed for that day. At this point, a conference between the child, parent, and the Youth Ministries Coordinator will be held.
4. If the behavior continues and is not corrected after the dismissal, the child will not be permitted to attend the program for the following week. At this point, the administration of The Salvation Army will be notified.
5. Should a child "run away" or misbehave severely during a field trip, the child may be discharged from the program at the decision of the Youth Ministries Coordinator.
6. As stated on the program policies form, any child that poses a threat to the safety of other participates, staff or themselves will be removed from the program.

\_\_\_\_\_  
Child/Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please note that The Salvation Army staff members are mandated reporters, staff and volunteers are trained in the KeepSAfe Program and are mandated to report any suspected abuse or neglect of a minor or vulnerable adult. If at any time a situation arises that needs to be reported, action will be taken by staff. This action is being taken for the safety of all persons involved in our programs.**



\_\_\_\_\_ Club 3:16 (Children 6-12yrs, Thurs. pm)  
\_\_\_\_\_ Sunday School

\_\_\_\_\_ Jr. Soldier

\_\_\_\_\_ The Point (Middle & High School girls Tues. pm)  
\_\_\_\_\_ Corps Cadets

***The Salvation Army, Newark, OH Corps Youth Programs' Waiver & Parental  
Consent Form  
Emergency Medical Release and Liability Waiver***

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
School Currently \_\_\_\_\_  
Attending \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_ Participant's Home Phone # \_\_\_\_\_  
Participant's Cell Phone # \_\_\_\_\_  
Participant's E-Mail \_\_\_\_\_  
Family E-Mail (at least one e-mail address is required) \_\_\_\_\_

***Emergency Information***

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell/Alternate # \_\_\_\_\_  
Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell/Alternate # \_\_\_\_\_

In an emergency when parent/guardian cannot be reached, please contact the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home# \_\_\_\_\_ Cell#/Alternate # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home# \_\_\_\_\_ Cell#/Alternate # \_\_\_\_\_

HEALTH CONCERNS (*Please identify any allergies (to include foods), health problems, medications, or other health concerns*):

\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_  
Dental Provider: \_\_\_\_\_ Phone# \_\_\_\_\_  
Medical/Hospital Insurance Company \_\_\_\_\_ Grp# \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ Policy # \_\_\_\_\_

*Additional Information that May Be Helpful*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.*

## **DISCLAIMER**

The Salvation Army, Newark, OH Corps and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as "The Salvation Army"), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with The Salvation Army and all related activities associated with the The Salvation Army, including injury, loss or damage.

## **ASSUMPTION OF RISKS**

IN CONSIDERATION OF The Salvation Army allowing me or my child to participate in events, activities, or travel with The Salvation Army and all related activities associated with The Salvation Army, including participation in the Youth Group from August 2018 through May 2019 inclusive, and all activities related to the Youth Group (collectively referred to as the "Activities"), I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the Activities including the possible risk of severe or fatal injury to myself or others.

## **RELEASE OF LIABILITY and AGREEMENT**

IN CONSIDERATION OF The Salvation Army allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with or related to my or my child's participation in the Activities.
2. **TO WAIVE and RELEASE The Salvation Army** from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS The Salvation Army** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
4. **TO INDEMNIFY and HOLD HARMLESS The Salvation Army** from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the Activities.

## **YOUTH PARTICIPATION CONSENT**

Acknowledgment of Participant:

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the Youth Group, and to obey requests to comply with safety regulations as directed by the persons in charge of the Youth Group, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from Youth Group activities. At all Youth Group sports

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\_\_\_\_\_ Corps Cadets

events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings or sports events of the Youth Group or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes as The Salvation Army deems necessary.

**Acknowledgment of Parent or Guardian of Participant:**

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the Youth Group, including any use of private or public transportation deemed necessary by the persons in charge of the Youth Group for Participant travel to and from Youth Group activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a Youth Group activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the Youth Group. We also understand that the participant may be photographed or appear in video for such purposes as The Salvation Army deems necessary.

**ACKNOWLEDGEMENT and SIGNATURE**

**I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT** that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

**This Consent, Authorization and Acknowledgment shall be effective from and including August 10, 2018 to and including May 30, 2019.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant  
(if Participant is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant  
(if Participant is under 18 years of age)

\_\_\_\_\_  
Date

## TRANSPORTATION RELEASE & UPDATED POLICY

*Due to limited space and staffing; transportation for Youth Programs at The Salvation Army, Newark, Ohio will be provided on a "as-needed" basis only. Those requesting transportation **must** complete the following three (3) pages. Application DOES NOT imply that transportation will be provided.*

### TRANSPORTATION RELEASE

Applies to Students only

I give permission for my youth to be transported to and from church sponsored activities in a church, rental or private vehicle.

Initial: \_\_\_\_\_

### DISCIPLINE RELEASE

Applies to Students only

In the event of misconduct, I authorize the staff to send my student home at my expense.

Initial: \_\_\_\_\_

### PERSONAL BELONGINGS RELEASE

Applies to All Traveling

I realize that the church or its sponsors are not responsible for personal belongings.

Initial: \_\_\_\_\_

### GENERAL RELEASE

Applies to All Traveling

The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, its officers, directors, employees, agents, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of the church. The undersigned or a member of the immediate family of the undersigned further acknowledge this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in any activity.

I, \_\_\_\_\_, being the legal guardian  
of \_\_\_\_\_ give my  
permission for him/her to participate in church sponsored activities.

Date: \_\_\_\_\_

Parent/Guardian Signature:  
\_\_\_\_\_

## Transportation Needs Assessment Questionnaire

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

Date: \_\_\_\_\_

Your occupation: \_\_\_\_\_

Do you work...?

[Check one]  Part-time OR  Full time?  Other (Specify): \_\_\_\_\_

Work Hours: Begin \_\_\_\_\_ A.M. End \_\_\_\_\_ P.M. Varies

About how many miles is your commute to work? [One-way] \_\_\_\_\_ Miles

What days do you work?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday Varies

Other than your commute to and from work, how many days in a typical week do you use your car for work-related travel?

[Circle response] 0 1 2 3 4 5 6 7

How do you normally travel to and from work?

[Check main one]

Drive alone

Dropped off by family member

Bus (Regular)

Bicycle

Carpool with family member

Vanpool

Express Bus

Walk Carpool with friend/co-worker

Other [Specify: \_\_\_\_\_]

Your Age:

[Check one]  18-29  30-39  40-49  50-59  60 or older

\_\_\_\_\_ Club 3:16 (Children 6-12yrs, Thurs. pm)      \_\_\_\_\_ The Point (Middle & High School girls Tues. pm)  
\_\_\_\_\_ Sunday School      \_\_\_\_\_ Jr. Soldier      \_\_\_\_\_ Corps Cadets

Annual Household Income:

*[Check one]*     Under \$30,000     \$30,000-\$74,999  
 \$75,000-\$124,999     \$125,000+

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

Student's Family Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_