



ABUNDANT LIFE CHRISTIAN MINISTRY

Participant Application & Information Form

Please return completed form to:
Abundant Life Christian Ministry
PO BOX 195
336-266-7833 abundantlife1010.com

Participant's Name: (First) _____ (Last) _____

Date of Birth: _____ / _____ / _____ T-Shirt Size: _____

Does Participant live (circle one): independently / with family / in a group home / other

Participant's current address: _____

City: _____ Zip Code: _____

Participants Home Phone: _____ Participants Cell: _____

Participant's Email Address: _____

Group Home Information:

Group Home Name: _____

Group Home Contact Person Information:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Parent/Guardian's Email Address: _____

Parent/Guardian Home Phone: _____ Parent/Guardian Cell: _____

Parent/Guardian Work Number: _____

Emergency Contact other than Parent/Guardian:

Name: _____ Phone: _____

Other Support Workers

Name: _____ Role: _____

Phone: _____ Email: _____

Name: _____ Role: _____

Phone: _____ Email: _____

Participant's Personal Information: (This information is **not required** but may help us to better serve the participant. Please fill in all the information you wish to share. The information will only be shared with the ALM staff as necessary.)

Participant's Disability: _____

Participant's Last School Attended: _____ Reading Level: _____

Current Employment or Volunteer Work: _____

Favorite Activities/Hobbies: _____

Emergency Medical Information: Does the participant

Have a **heart** or medical condition that may limit participation in exercise? If yes, what is the condition and how are they limited? _____

Carry **medications** with them to take during the day? If yes, what are the medications and when do they take them? _____

Have any **food allergies**, food restrictions, or special diet? _____

Experience **seizures**? _____ If yes, then how often and how are they displayed? _____

Have any **behavioral triggers** that we can try to avoid? _____

Has the participant ever been diagnosed with the **COVID19 Virus** ? _____ If yes, when? _____

Has the participant been **vaccinated for COVID19 Virus**? _____ If yes, when? _____

Please share any other medical information you think may be helpful for us to know about the participant: _____

Permission Release

(To be filled out by parent/guardian if participant is not his/her own legal guardian)

I give *Abundant Life Christian Ministry* permission to use the participant's name and/or picture in presentations, newsletters and marketing materials for the sole purpose of promoting *Abundant Life Christian Ministry*.

I agree to release *Abundant Life Christian Ministry*, its staff and volunteers from all liability for any accidental injury to the participant and his or her possessions during *Abundant Life Christian Ministry* programs and events.

I give my permission to the medical personnel selected by *Abundant Life Christian Ministry* staff to order hospitalization, treatment, anesthesia and surgery if necessary in case of emergency when parents/caregivers or emergency contacts cannot be reached.

I give my permission to all staff and volunteers designated by *Abundant Life Christian Ministry* to provide field trip transportation for the participant. Further, I agree to release *Abundant Life Christian Ministry* from all liability for any accidental injury to the participant or their possessions while using this transportation.

Please state any special instructions pertaining to the permission release here: _____

Print Name: _____

Signature: _____ Date: _____