



# A Soldier's Child Foundation (ASC) Event Application (Children Ages 8 through 18)

Thank you for taking the time to complete this activity event form. We want you to know that the following information will be kept confidential and will only be shared with appropriate staff.

This form represents and covers all ASC activities and events your child/children will participate in from the age of 8 years old into adulthood. By filling out this form, you acknowledge this information to be true and correct and that you are giving your consent for your child's participation in ASC activities and events.

## Child's Contact Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Gender:  Male  Female  
Address, City, State, Zip: \_\_\_\_\_  
DOB: \_\_\_\_\_

## Parent/Legal Guardian Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Status:  Part Time  Full Time  Student/School: \_\_\_\_\_  
Marital Status:  Single  Married  Widowed  Divorced Spouse Name: \_\_\_\_\_  
Primary Phone: *(most likely to reach you)* \_\_\_\_\_  
Cell #: \_\_\_\_\_ Provider/Carrier to receive text message: \_\_\_\_\_  
Email: \_\_\_\_\_  
Please list all children in your household and their ages: \_\_\_\_\_  
\_\_\_\_\_

## Lifestyle and Legal Concerns

In caring for ASC children, we believe it is our responsibility to request important information about your child so that we can provide a healthy, safe, and nurturing environment. Please answer the following questions:

Has your child ever used illegal drugs?  Yes  No

Has your child ever gone through treatment for alcohol or drug abuse?  Yes  No

If yes, please describe: \_\_\_\_\_

Has your child ever been arrested and/or convicted of a crime?  Yes  No

If yes, please describe: \_\_\_\_\_

Does your child currently maintain a personal blog, website, or Facebook account?  Yes  No

If yes, please provide addresses/URLs: \_\_\_\_\_

I declare under penalty of perjury, under the laws of the State of Tennessee that the foregoing is true and correct. I understand that all this information will remain confidential by the ASC staff.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I CONSENT TO ALLOW MY CHILD TO PARTICPATE IN ALL ASC ACTIVITIES. INCLUDING IN THIS CONSENT, IS MY PERMISSION FOR MY CHILD TO DO THE FOLLOWING ASC ACTIVITIES UNDERSTANDING ALL RELEVANT FACTS OF SUCH ACTIVITIES AND THE RISKS INVOLVED; HUNTING, FISHING, ALL WATER SPORT ACTIVITIES, CAMP ACTIVITIES, EQUINE ACTIVITES, ANY ATV ACTIVITIES, AND ANY OTHER ASC EVENT FOR MY CHILDREN.

FURTHERMORE, I GIVE ASC PERMISSION TO TRANSPORT MY CHILD AS NEEDED TO ACTIVITIES AND EVENTS.

IF THERE ARE ANY OF THE ABOVE ASC ACTIVITIES, YOU DO NOT GIVE YOUR CHILD PERMISSION TO PARTICIPATE, PLEASE STATE ON BELOW LINE.

In signing this informed consent form, the undersigned states they are fully aware of the hazards and potential dangers of a particular activity.

**ASC Official Waiver** –This is a Legal document that waives your right to seek damages from ASC or any person employed by ASC.

- *Please note none of the above activities are mandatory for an ASC child to attend this event. All ASC activities therefore are optional. Your child may not attend this event unless this waiver is signed before the activity is scheduled to begin.*

First Name: \_\_\_\_\_ Middle Initial: \_\_\_ Last Name: \_\_\_\_\_

Maiden/Other Last Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

After reading this document, I fully understand its contents, consent and waiver. I authorize my child to participate in this ASC event.

Parent/Legal Guardian (Print Name): \_\_\_\_\_ Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(FORM MUST BE COMPLETED ANNUALLY!)**