

YOUTH  
ENCOUNTER  
APPLICATION  
PACKET

HEAR His Heart Ministries Parent/Guardian Field Trip Permission Form

Dear Parent(s):

A youth encounter has been planned for:

Wednesday, June 23 – Friday, June 26

HEAR His Heart Ministries is very excited to announce this summer’s youth encounter. We will be going deeper in the Lord together. This camp will be filled with amazing speakers, worship, and jam-packed with fun.

We will be having camp in Moravian Falls. The cost of the camp is \$350, which covers lodging at Morningstar’s Lodge and meals. Campers will need to provide their own transportation to and from camp. Space is limited to 12 participants, so make sure to submit your application as soon as possible. We will pray over each applicant and will notify you via email of your acceptance.

Please sign and return the permission slip below, along with the forms in the application packet and the non-refundable \$50 deposit no later than May 1. Make checks payable to HEAR His Heart Ministries. (If you are put on the waiting list, and space doesn’t open up, your deposit will be refunded). Mail application and check to HEAR His Heart Ministries, 10510 Camelback Circle, Charlotte, NC 28226.

Sincerely,

Sharon Rowland  
Darlene Hyers

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I give my permission for \_\_\_\_\_

(Student’s full name)

to attend “Having His Heart” Youth Encounter sponsored by HEAR His Heart Ministries  
(June 23 – 26, 2020).

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
(Date)



STUDENT Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Month/Day/Year

Current Grade: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Please describe any medical conditions, medications needed or allergies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PHOTO/VIDEO RELEASE FORM

I hereby grant HEAR His Heart Ministries permission to use my likeness in photographs/videos, without payment or other compensation.

If the participant is under 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent/guardian of \_\_\_\_\_  
(Child's Name)

and do hereby give my consent without reservation to the foregoing on behalf of this person \_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

## HEAR His Heart Ministries

Waiver of Claim for Damages & Release of Liability

HEAR His Heart Ministries, "Having His Heart" Summer Camp – Moravian Falls, NC, June 23 – 26 2020,

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As parent/guardian, I grant permission for \_\_\_\_\_ to travel with HEAR His Heart Ministries and to participate in all activities and travel related to these trips.

### Hospitalization Information

Insurance Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Policy No: \_\_\_\_\_

Circle one: HMO Group Plan Individual Policy PPO POS Other

PARENT STATEMENT: I assume full responsibility for \_\_\_\_\_'s

behavior and understand that the HEAR His Heart will not be held responsible in any way in case of accident or illness while my child is a participant in this organization. I understand that he/she is to obey all policies and rules established for these trips.

Signed \_\_\_\_\_ Date \_\_\_\_\_

All medication, ( prescription and non-prescription), for the youth on these trips are to be identified and their prescribed use acknowledged to chaperone in charge with name clearly labeled, including name of medication and directions for use. An up-to-date tetanus shot is required of all participants. Allergies, medications, special diets and medical/health concerns are listed below:

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

### Medical Authorization

Should my child sustain or incur any accident or illness with HEAR His Heart during the trip, I hereby authorize agents for HEAR His Heart to execute any and all documents, including any necessary releases, which might be required by any medical facility to perform any emergency care on my behalf.

In the event that my child has an illness or accident while with HEAR His Heart, which requires a visit to the doctor or hospital, any existing family insurance policies will assume the insurance coverage.

Otherwise I/we understand we are responsible for all medical expenses. \_\_\_\_\_(initials)

**Release and Hold Harmless**

I, the undersigned parent or guardian of \_\_\_\_\_, in consideration of him,/her participating with HEAR His Heart trips agree and give my permission and approval for him/her to participate in any and all activities of said trips and hereby assume all risks and hazards of such participation; the undersigned hereby waive, release, and discharge any and all claims of the applicant the undersigned against HEAR His Heart , their heirs, affiliates, subsidiaries, agents, employees, contractors, and successors, and assigns on account of such participation, and expressly agree to indemnify and hold harmless said releases from any and all claims of the applicant and undersigned. In witness whereof, I have signed this waiver of claim for damages, release of liability, and authorization for travel and any medical treatment.

I, the undersigned parent or guardian of \_\_\_\_\_, allow him/her to participate in the water activities. \_\_\_\_\_ (initial required for approval).

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

North Carolina/South Carolina \_\_\_\_\_ County

I, \_\_\_\_\_, a Notary Public for said county and state, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

**(Notary Public)**

**My commission expires** \_\_\_\_\_.

**(Official Seal)**