



A Soldiers Child Foundation (ASC) Event Application

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 & Events** your child/children will participate in from the age of 8 years old and into adulthood. By filling out this form you acknowledge this to be true and you are giving your consent.

Child Contact Information

Full Name: _____ Date: _____
Name you prefer: _____ Gender: M ___ F ___
Email: _____
Address, City, Zip: _____
DOB: _____ Primary phone: *(most likely to reach you)* _____
Cell #: _____ Provider/Carrier to receive text message: _____

Parent General Information

Occupation: _____ Employer: _____
Work Status: Part Time Full Time Student / School: _____
Marital Status: Single Married Divorced Spouse Name: _____
All children and Ages please:

Lifestyle and Legal Concerns

In caring for ASC children, we believe it is our responsibility to seek some important information that can provide a healthy, safe, and nurturing environment. Please answer the following questions accordingly.

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/URL: _____

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: _____

PARENTAL INFORMED CONSENT TO ALLOW FOR 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 AND ANY ATV ACTIVITIES AND ANY OTHER ASC EVENT FOR MY CHILDREN.

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

IF THERE ARE ANY OF THE ABOVE ASC ACTIVITIES, YOU DO *NOT* GIVE YOUR CHILD PERMISSION TO DO, 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.

Date: _____

Middle Initial

Last Name

Maiden and/or Other Last Names Used

First Name

Date of Birth

Circle One: 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