



A Soldier's 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 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 that you are giving your consent for their participation in ASC activities and events.

[Redacted]

Full Name: _____ Date: _____

Preferred Name: _____ Gender: _____
Male Female

Email: _____

Address, City, State, Zip: _____

DOB: _____ Primary Phone: *(most likely to reach you)* _____

Cell #: _____ Provider/Carrier to receive text message: _____

[Redacted]


Full Name: _____ Date: _____

Occupation: _____ Employer: _____

Work Status: Part Time Full Time Student/School: _____

Marital Status: Single Married Widowed Divorced Spouse Name: _____

Please list all children and their ages:


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: _____

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.*

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: _____
