NEW VISION YOUTH & COMMUNITY SERVICES

Empowering Youth. Strengthening Communities.

Milledgeville, GA 31061 | Phone: 404.884.1907 | Email: programs@newvisionyouth.org | Website: www.newvisionyouth.org

---

EVENT SIGN FORM

Participant Information

- Full Name _____
- Date of Birth _____ Age _____ Gender (optional)_____
- School / Grade (if youth)_____

Parent/Guardian Information *(if applicable)*

- Parent/Guardian Name_____
- Relationship to Participant_____
- Phone Number _____ Email Address_____

Contact Information

- Primary Phone Number _____
- Email Address _____
- Mailing Address _____

Event Details

- Event Name _____
- Event Date _____
- Event Location _____
- How did you hear about this event? (New Vision, school, social media, community partner, friend, other) _____

Emergency Contact

- Emergency Contact Name _____
- Phone Number _____
- Relationship to Participant _____

Special Considerations

- Allergies or Medical Conditions _____
- Accessibility Needs _____
- Other Notes for Staff _____

Permissions & Agreements

- I give permission for my child/myself to participate in this event. (Yes/No)
- I understand New Vision Youth & Community Services may contact me with event updates. (Yes/No)
- I agree to follow all event guidelines and safety procedures. (Yes/No)

Media Release (Optional)

- I consent to photos/videos being taken during the event. (Yes/No)

Signature

- Participant/Parent/Guardian Signature _____ Date _____