	Freedom
	1s
Youth /Participant Group Application Form	Choice
	INC
Participant's Name:	Birth Date:
Gender:	
Name of Parent / Guardian:	
	Choose Wisely
Address: School Grade:	
Home Phone:	
nome rhone:	
Email address: Cell P	hone:
Emergency contact:	Phone:
Note: Communication regarding youth participants/grocheck on a regular basis.	oup events will normally be done by email. Please list an email that you
"I haraby grant parmission for my child to be a	member of Freedom Is A Choice, Inc. (FIAC) Youth Participant/
Group and to participate in activities arranged by the Co	mmittee and Advisor in this regard from time to time. This will serve
	and representatives from liability in case of accident or injury rship including outings, field trips or other activities which necessitate
travel away from FIAC, Inc., except for those involving g	ross negligence or intentional misconduct on the part of such
personnel, employees and representatives."	
	fically recognize that my child may from time to time be transported
	nteers not as agents, employees or representatives, In such regard, I their officers, employees, agents and representatives from any and all
	n whether or not organized by FIAC, Inc." A calendar will be given to
you and your child showing available dates and progressi	on.
Signature of Participant Date	Signature of Parent / Guardian Date
**\$50.00 (Non-refundable)Enrollme	nt Fee (Make Payable to Freedom Is A Choice, Inc.)
`	Cash
	Check (Make payable to Freedom is a Choice, Inc.)PayPal
***MONTHLY ENROLLMENT FEE \$125/Mo.***	

Please be sure to return all forms with payment:

- **✓ Youth Group Application Form**
- ✓ Health Form
- ✓ Code Of conduct and Master Permission Form

Participation of parents is essential for us to have a successful year as well.

\*\*The enrollment fee is to provide program participants with current start-up materials. i.e. journals, name badges, positive reads, and updated software for use during sessions when needed.\*\*