



## HOUSE OF FAITH

321 Montecito Drive  
San Angelo, TX 76903  
Ph: 325.486.8637 • Fax: 325.486.0788  
[www.hofministries.org](http://www.hofministries.org)

"Taking JESUS to neighborhood children, youth and families."

Non-Profit  
Organization  
US Postage  
PAID  
San Angelo TX  
Permit No 79

Mail to:

2022-2023 PERMISSION FORM

## Backyard Bible Clubs

**Free program for students  
PK to 5th Grade**

**Starts: September 28th & 29th**

Games, snacks, and Bible stories!

**Permission Form required for all students.**

Look inside for a listing of clubs near you!

# 321

**Free Program for students  
6th to 12th Grade**

**Starts: September 19th**

Meal, Worship, Teaching & Friends!

**Permission Form required for all students.**

Transportation to and from House of Faith  
provided (within San Angelo city limits).  
(more details inside)

**HOUSE OF FAITH**  
**325.486.8637**  
**[hofministries.org](http://hofministries.org)**



# HOUSE OF FAITH PROGRAMS

**6th-12th Grade**  
**Mondays, 6-8pm**

At the HOF building  
at 321 Montecito Dr.

**321**

**Meal, Worship, Teaching & Friends!**

**TRANSPORTATION PROVIDED** (within San Angelo City Limits)

**Must call 325.486.8637 by 5PM each week to get a ride**

Students living in Grape Creek can meet at Grape Creek Family Fellowship  
(8158 US-87) for transportation to and from House of Faith.  
(students can also be dropped off & picked up at HOF)

**YES! WE HAVE HOUSE OF FAITH FOR TEENAGERS!**

**Backyard  
Bible Clubs**

**PK—5th Grade**

Once a week, after school  
at the following locations

## **BBC/Schools**

### **Wednesday Clubs**

### **Locations**

Alta Loma.....	1700 N. Garfield St. — slab by school gym
Austin.....	700 N. Van Buren — slab by school gym
Bonham.....	4630 Southland— school playground
Crockett.....	2104 Johnson — school playground slab
Fannin.....	1702 Wilson — school playground
Goliad.....	306 E. 39th — Oasis Baptist Church
Lamar.....	3444 Schoolhouse Rd — slab by school gym
Santa Rita.....	615 S. Madison

### **Thursday Clubs**

Belaire/Glenmore.....	campus location TBD (we will provide transportation between campuses)
Bradford.....	1202 E. 22nd St — school playground
Fort Concho.....	310 E. Washington — school playground (corner of Washington & Highland)
Holiman.....	1900 Ricks Dr. — school playground
McGill.....	201 Millspaugh — slab by school gym
Reagan.....	1600 Volney St. — school playground
San Jacinto.....	800 Spaulding — slab by school gym

**Transportation information:** When transportation for our programs is needed, we are happy to provide it! However, our vehicle capacity is limited. **If at all possible, please pick up your child(ren)** or arrange to have them picked up by someone else!



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[hofministries.org](http://hofministries.org)

Don't forget your  
information



#### **How to Return Your Form:**

1. Bring attached form to House of Faith office.
2. Mail attached form to House of Faith office at 321 Montecito Dr. San Angelo, TX 76903
3. Fax the attached form to House of Faith office at 325.486.0788
4. E-mail the attached form to us at [haley@hofministries.org](mailto:haley@hofministries.org)
5. Have your child bring the form to their House of Faith program.

# House of Faith Student Permission Form 2022-2023

This form must be filled out for your child(ren) to attend and be transported to and/or from House of Faith activities, including: Backyard Bible Club, 321, Club Challenge, Christmas Parties, and other special events (the "Activities").

Please register ALL students who are in PK-12th grade in your family.

## Child #1

Name: \_\_\_\_\_ Gender: F M DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity: ☐ Hispanic ☐ African American ☐ White ☐ American Indian ☐ Asian ☐ 2 or more races

Child Lives with: ☐ Both Parents ☐ Mom ☐ Dad ☐ Grandma ☐ Grandpa ☐ Other: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Is your child eligible for a free or reduced price lunch at school? Y N

Child's Cell # (if applicable): \_\_\_\_\_

Is Child on Medication? Y N (If Yes, please list) \_\_\_\_\_

Any known allergies? Y N (If Yes, please list) \_\_\_\_\_

Child's T-Shirt Size: YS YM YL AS AM AL AXL A2XL A3XL  
(please note: this information is for special events, such as Christmas parties)

Special notes to help better serve your child (including transportation):  
\_\_\_\_\_  
\_\_\_\_\_

Child will: ☐ Be picked up ☐ Walk home ☐ Go to YMCA ☐ Need a ride (please only check if needed)

## Parent/Guardian Signature:

X

In consideration of House of Faith, a Texas nonprofit corporation ("House of Faith") permitting my child to participate in the Activities, I voluntarily and knowingly execute this Release, Waiver, and Indemnity Agreement. I understand that the Activities may involve the risk of physical injury or property damage. I voluntarily accept and assume all risks of personal injuries (including without limitation sickness from communicable disease and death) and/or damage to property (collectively "Injury or Harm") caused by or arising out of my child's participation in the Activities.

I give my permission for my child to attend House of Faith programs and agree to release and discharge the House of Faith and its directors, officers, employees, agents, and volunteers ("Releasees") from any claims, demand, actions, or judgments (collectively, "Claims") which I or my child ever had, now have, or may have in the future against Releasees for any Claims arising out of my child's participation in the Activities. I further agree to indemnify each Releasee for Claims related to Injury or Harm suffered by my child as well as Claims based in whole or in part on the conduct of myself or my child which results in harm to another party, including any Releasee.

I have read the information on the back of this form regarding House of Faith Policies and Disclaimers for Acceptance, Insurance, Transportation, Medical Care, Photos and Video Footage, Dismissals, Expectations for Behavior, and Physical Restraint. I am in agreement with, and agree to abide by these policies. I expressly agree that the risk assumptions, releases, and indemnities contained in this Agreement are intended to be as broad and inclusive as permitted by the laws of the State of Texas.

Date: \_\_\_\_\_

## Parent Information

Forms must have at least one Parent/ Guardian Listed

+ Review the Policies and Disclaimers

Register more children on reverse side

### Parent/ Guardian 1 (Primary Contact)

Name (Print): \_\_\_\_\_

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Rev.

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated  
☐ Widowed ☐ Other: \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: F M

Ethnicity: ☐ Hispanic ☐ African American ☐ White ☐ American Indian  
☐ Asian ☐ 2 or more races

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #1: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

Phone #2: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

Did you attend House of Faith programs as a student? Y N

Does your family regularly attend a church? Y N

If so, what church \_\_\_\_\_

List how you are related to each child (examples: Mom/Dad, Aunt/Uncle, Guardian):

Child 1: \_\_\_\_\_ Child 3: \_\_\_\_\_

Child 2: \_\_\_\_\_ Child 4: \_\_\_\_\_

### Parent/ Guardian 2 (Second Contact)

Name (Print): \_\_\_\_\_

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Rev.

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated  
☐ Widowed ☐ Other: \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: F M

Ethnicity: ☐ Hispanic ☐ African American ☐ White ☐ American Indian  
☐ Asian ☐ 2 or more races

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #1: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

Phone #2: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

Did you attend House of Faith programs as a student? Y N

Does your family regularly attend a church? Y N

If so, what church \_\_\_\_\_

List how you are related to each child (examples: Mom/Dad, Aunt/Uncle, Guardian):

Child 1: \_\_\_\_\_ Child 3: \_\_\_\_\_

Child 2: \_\_\_\_\_ Child 4: \_\_\_\_\_

## Child #2

Name: \_\_\_\_\_ Gender: F M DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity: ☐ Hispanic ☐ African American ☐ White ☐ American Indian ☐ Asian ☐ 2 or more races

Child Lives with: ☐ Both Parents ☐ Mom ☐ Dad ☐ Grandma ☐ Grandpa ☐ Other: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Is your child eligible for a free or reduced price lunch at school? Y N

Child's Cell # (if applicable): \_\_\_\_\_

Is Child on Medication? Y N (If Yes, please list) \_\_\_\_\_

Any known allergies? Y N (If Yes, please list) \_\_\_\_\_

Child's T-Shirt Size: YS YM YL AS AM AL AXL A2XL A3XL  
(please note: this information is for special events, such as Christmas parties)

Special notes to help better serve your child (including transportation):  
\_\_\_\_\_  
\_\_\_\_\_

Child will: ☐ Be picked up ☐ Walk home ☐ Go to YMCA ☐ Need a ride (please only check if needed)

## Child #3

Name: \_\_\_\_\_ Gender: F M DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity: ☐ Hispanic ☐ African American ☐ White ☐ American Indian ☐ Asian ☐ 2 or more races

Child Lives with: ☐ Both Parents ☐ Mom ☐ Dad ☐ Grandma ☐ Grandpa ☐ Other: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Is your child eligible for a free or reduced price lunch at school? Y N

Child's Cell # (if applicable): \_\_\_\_\_

Is Child on Medication? Y N (If Yes, please list) \_\_\_\_\_

Any known allergies? Y N (If Yes, please list) \_\_\_\_\_

Child's T-Shirt Size: YS YM YL AS AM AL AXL A2XL A3XL  
(please note: this information is for special events, such as Christmas parties)

Special notes to help better serve your child (including transportation):  
\_\_\_\_\_  
\_\_\_\_\_

Child will: ☐ Be picked up ☐ Walk home ☐ Go to YMCA ☐ Need a ride (please only check if needed)

## Child #4

Name: \_\_\_\_\_ Gender: F M DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity: ☐ Hispanic ☐ African American ☐ White ☐ American Indian ☐ Asian ☐ 2 or more races

Child Lives with: ☐ Both Parents ☐ Mom ☐ Dad ☐ Grandma ☐ Grandpa ☐ Other: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Is your child eligible for a free or reduced price lunch at school? Y N

Child's Cell # (if applicable): \_\_\_\_\_

Is Child on Medication? Y N (If Yes, please list) \_\_\_\_\_

Any known allergies? Y N (If Yes, please list) \_\_\_\_\_

Child's T-Shirt Size: YS YM YL AS AM AL AXL A2XL A3XL  
(please note: this information is for special events, such as Christmas parties)

Special notes to help better serve your child (including transportation):  
\_\_\_\_\_  
\_\_\_\_\_

Child will: ☐ Be picked up ☐ Walk home ☐ Go to YMCA ☐ Need a ride (please only check if needed)

## Policies & Disclaimers

**Acceptance:** Rules for acceptance and participation in the program are the same for everyone without regard to race, color, age, sex, national origin, disability, political belief or origin.

**Transportation:** House of Faith has permission to transport my child to and from House of Faith events both inside and outside San Angelo.

**Medical Care:** In the event of sickness, injury and/or emergency I hereby give my permission to the physician selected by the House of Faith sponsor to render medical care (including surgery and anesthesia) to my child, and I release the Releasees and medical personnel from Claims for Injury or Harm suffered by my child. I further agree to indemnify and hold harmless the House of Faith and any House of Faith representative from any claim by any person whomsoever, on account of care and treatment of said participant.

**Insurance:** I understand House of Faith does not assume any responsibility to provide my child with financial or other assistance, including without limitation medical, health, or disability benefits or insurance of any nature in the event of Injury or Harm. Should a child require special medical treatment, prescription medicine or hospital care during a House of Faith event, the medical claim will be filed on the child's insurance and expenses will be forwarded to the parents or guardians.

**Personal Belongings:** I understand House of Faith is not responsible for lost or stolen items and acknowledge I have been advised that my child should leave all valuables at home. I assume the risk of loss for items brought by me or my child to the Activities.

**Photos and Video Footage:** I understand that House of Faith takes photographs and video of children involved in the ministry. I give permission for photographs and video to be used as House of Faith sees fit. I further grant and convey to House of Faith all right, title and interest in any and all photographs, images, video, or audio recordings of my child or my child's likeness or voice made by House of Faith or its agents in connection with my child's participation in the Activities including without limitation any royalties, proceeds, or other benefits derived from such materials.

**Expectations for Behavior:** I acknowledge that every House of Faith participant is expected to:

1. Demonstrate courtesy and respect for others, even when others do not.
2. Behave in a responsible manner, always exercising self-discipline.
3. Obey all House of Faith rules.
4. Respect the rights and privileges of other children and of House of Faith staff and volunteers.
5. Respect the property of others including the facilities used by House of Faith.

**Dismissals:** I acknowledge House of Faith reserves the right to dismiss any child whose influence or conduct becomes detrimental to the best interests of the program.

**Physical Restraint:** I acknowledge House of Faith reserves the right to physically restrain a child if it becomes necessary in order to lead, guide, and direct the child or to protect the child or any other person from physical injury. Examples of such situations include, but are not limited to: obtaining possession of a weapon or other dangerous object, protecting people or property from serious injury or damage, removing a child who is refusing to comply with a legitimate directive from a House of Faith representative in order to restore order or to impose disciplinary measures, or restraining an irrational child.

**Communicable Diseases:** I understand the risk involved for exposure to virus, disease and other communicable disease including, but not limited to, COVID-19. I give my permission for my child to attend and will hold harmless House of Faith and any of their representatives for exposure to virus, disease and infection including, but not limited to, COVID-19.

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