



Modesto Church of the Brethren  
**Agape-Satyagraha Training**  
 Located at 2301 Woodland Avenue, Modesto, CA 95358



Today's Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Are there any medical problems, complications or allergies that a physician or we should be aware of?

\_\_\_\_\_

**IN CASE OF EMERGENCY**

Please notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_

**Please list who is Authorized to Pick Up/Check out your Child**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

As the parents/legal guardian of the applicant above, we recognize our financial responsibility for any medical or hospital expenses which may be incurred and assume full responsibility for payment to any of the medical agencies who render services or treatment. In the event that the above named person should have need of medical treatment, I give permission for any treatment that may be considered necessary. I understand that during the Agape-Satyagraha Training program, my child will learn peace-making skills such as anger management, conflict resolution and communication styles. I understand that quotes and material from multiple faiths and peace activists will be taught in the program and that I can request a copy of the material.

**I have read the foregoing release and I understand and agree with it.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**I have read and agree to follow the code of conduct at the Modesto Church of the Brethren. I understand that if I break these rules, I may be suspended from the Agape-Satyagraha program.**

Child's Signature: \_\_\_\_\_

**Please provide us with any insurance information, other contacts or other items you would like us to keep on file in case of any emergency. Also, please expect a contact to be made to the parent/guardian by the church prior to any minors attending or participating in the program in order to confirm correct information.**

Questions? Call us @ (209)523-1438 or visit [www.modcob.org](http://www.modcob.org)

**FOR OFFICE USE ONLY**

Verification Contact	Response:	Confirmed	Declined
Name of caller: _____	Date: _____		
Contacted: _____	Relation: _____		