

Mount Ararat Baptist Church

Youth Café Entrepreneur and Scholarship Program



AGREEMENT

I, _____, give my child, _____ permission to participate in the Mount Ararat Baptist Church Youth Cafe Entrepreneur and Scholarship Program.

Initial _____ I understand that my child is required to commit to the program for a **minimum of one year** and will also be required a **minimum of 200 hours a year** to qualify for the scholarship.

Initial _____ I understand that this is **not employment** but a scholarship program.

Initial _____ I understand that the amount of my child's scholarship will depend on the number of hours my child works during their participation in the program.

Medical Authorization

While working with the program, in the event that my child needs medical attention, I hereby give permission for my child to be transported to any appropriate hospital or medical facility. I also grant permission for any qualified medical personnel professional including EMS, to render necessary emergency medical care until I am contacted.

Initial _____ Date: _____

Medical Specifications

Known Allergies: _____ Restrictions: _____

Special Medical Conditions: If yes, please explain: _____

Type of Medical Insurance: _____
(Please attach a copy of your medical card to this application)

I understand that by giving my child permission to participate in the Youth Café Scholarship program, I hereby relinquish any liability on the part of Mount Ararat Baptist Church in the event of injury to my child due to intentional or gross misconduct.

Initial _____ Date: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

Participant Signature: _____

Date: _____