



**Parent / Guardian
Agreement and Consent**

Required for those under the age of 18.

Please read the following statements and sign below.

- I give permission for my child to participate as part of Mission Change's Hope for the Hungry and Homeless Sleep Out on the night of November 11, 2011 through the morning of November 12, 2011.
- I understand that my child will be sleeping outdoors in the field near the Albany Mall under constant adult and police supervision.
- I have discussed with my child that he / she is expected to behave responsibly during this event.
- I have completed and attached a waiver form.

Parent / Guardian Printed Name

Parent / Guardian Signature

Date

Registration

Name: _____

Gender: Male / Female Age: _____

(Note: Anyone under 18 must be accompanied by an adult and have a parent or guardian complete the below Agreement & Consent form.)

T-Shirt Size: S M L XL

Phone (Home): _____

(Cell): _____

Email: _____

Solo or Group Sleeper
(circle one)

Group: _____
(If Applicable)

**Attach With Registration
Payment:**

Check #(s): _____

Cash: _____

Total Amount: _____

Forms:

Release and Waiver of Liability

Please return applicable forms and registration fees to:

Mission Change
PO Box 834
Albany, GA 31702