



SCHOOL OF KINGDOM EQUIPPING

**Young Prophet Academy  
(Ages 13-18)  
Parent / Guardian  
Consent & Release Form**

School Year: \_\_\_\_\_

**Student Information** (please print clearly)

Student's Full Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of September 1 \_\_\_\_\_

Siblings attending SOKE: \_\_\_\_\_

Parent /Guardian Attending SOKE: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Email \_\_\_\_\_

**Medical Authorization**

In the event of an emergency, I authorize the staff and designated adult leaders to secure medical treatment for my child. I understand that every reasonable effort will be made to contact me before such action is taken.

Allergies or medical conditions: \_\_\_\_\_

Routine Medications: \_\_\_\_\_

**Emergency Contact Information** (Print clearly please)

Primary Emergency Contact  
(other than SOKE Student named above)

Alternate Emergency Contact

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**Parent Consent for** \_\_\_\_\_  
Student Name

I, \_\_\_\_\_, the undersigned parent/legal guardian of the above named student, hereby give permission for my student to participate in on and off-campus activities organized by the **Young Prophet Academy**, a program of the School of Kingdom Equipping (SOKE), during the school year. These activities may include, but are not limited to, service projects, outreach events, ministry trips, conferences, community service, and recreational outings held outside of the church premises.

**Acknowledgment of Risk and Release of Liability**

I understand that participation in off-campus and class activities may involve certain inherent risks, including but not limited to travel, risk associated with physical activities and group games. I voluntarily assume all such risks on behalf of my student.

I hereby release, discharge, and hold harmless the Young Prophet Academy, the School of Kingdom Equipping, and their directors, officers, employees, volunteers, and agents, and host facility from any and all liability, claims, demands, or causes of action that may arise out of or relate to any loss, damage, injury, or illness that may be sustained by my student while participating in activities organized by the Young Prophet Academy. \_\_\_\_ Initial

**Photo and Video Release**

I grant permission for my students to be photographed and/or recorded while participating in any activities organized by the Young Prophet Academy, whether on or off campus. These photos and videos may be used by the Young Prophet Academy and the School of Kingdom Equipping in promotional materials, publications, or online platforms.

Yes      No      \_\_\_\_\_ Initial

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Holiness Lifestyle

SOKE celebrates a lifestyle of holiness. We believe that we are called to a standard of purity that reflects Christ's character on the earth. The following questions are aimed at assessing where each student is with their walk with Christ in purity. Answering "Yes" to any of these questions will not automatically remove your application. We all have a past and the answers to these questions simply help us understand where you are with your purity walk. **All answers will be kept confidential.**

SOKE upholds standards of purity. During the school year, the SOKE Director may dismiss a student if purity standards are not met. We believe in grace, mercy and forgiveness of sins, but we also believe in a life that strives to be uncompromised and works towards Holiness.

Yes     No    Are you currently practicing in non-Christian spiritual practices? (Ex: Reiki Healing, New Age Practices, Wicca or other forms of magic, forms divination such as Astrology or Tarot Cards, Chakra Activations, Kundalini Activations, or are involved in any secret societies such as Freemasonry, Covens, or Cults etc...) If so, please list

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Yes     No    N/A    Would you be willing to abstain from and denounce all these practices?

Yes     No    Do you currently struggle with any addictions (habitual use), either of substance (alcohol, drugs) or of process (gambling, pornography)? If so, please list

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Yes     No    Would you be willing to work towards wholeness in life, if a plan was set before you?

Have you ever been arrested for any of the following:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drug Related Offenses	If so, were you convicted?	Yes	No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Domestic Violence	If so, were you convicted	Yes	No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sexual Misconduct	If so, were you convicted?	Yes	No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Currently on probation or parole?			

Yes     No    Given the private nature of the questions, would you like a private meeting?

The information provided above is complete and factually correct.

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Signature

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Date