

Participant Information

Student: _____ Age _____ Grade _____ DOB _____ M/F _____
Address: _____ City _____ Zip _____
Home Phone: _____ School: _____
Student Email: _____
Student Cell: _____ Would like to receive text messages regarding youth activities: Yes ___ No ___

Parent Information

Custodial Parent/Guardian: _____ Business/Cell Phone: _____
Address: _____
Parent Email: _____

Second Parent/Guardian: _____ Business/Cell Phone: _____
Address: _____
Parent Email: _____

Emergency Contact Info

Emergency Contact (if parents cannot be reached)

Day Phone: _____ Evening Phone: _____ Cell/Other Phone: _____

Allergies

- Animals _____
- Food _____
- Hay Fever _____
- Insect Stings _____
- Medicine/Drugs _____
- Plants _____
- Pollen _____
- Other _____

Chronic or Recurring Illness

- Ear Infections
- Heart Disease/Defect
- Seizures
- Bleeding Disorders
- Asthma
- Hypertension
- Diabetes
- Musculoskeletal Disorders
- Other _____

Suggestions from Parents:

My child has permission to take or use the following:

- Tylenol/Acetaminophen
- Advil/Ibuprofen
- Sudafed/decongestant
- Benadryl/antihistamine
- Pepto Bismol
- Tums/antacids
- Robitussin/expectorant
- Swimmers' Ear/alcohol solution

Please describe conditions and give dates (if applicable)

Operations or serious injuries: _____
Hospitalizations: _____
Other diseases/disabilities: _____

Comment where applicable:

- Fainting _____
- Bed Wetting _____
- Sleep Disturbances _____
- Motion Sickness _____
- Constipation _____
- Nosebleeds _____
- Wears Contacts _____
- Wears Glasses _____
- Hearing Impairment _____
- Homesickness _____
- Emotional Disturbances _____

Explain any restrictions to activity:

Special medical or dietary regimen to be followed (specify- include vegetarian diets, etc...)

Family Physician:

Phone: _____

Family Dentist:

Phone: _____



Insurance Information:

Medical Insurance Company: _____

Phone: _____ Group #: _____ Policy # _____

Parent/ Guardian Permission and Release:

_____ has my permission to attend all youth activities sponsored by First Presbyterian Church.
NAME OF STUDENT

I give consent to the use of any videotapes, photographs, slides, audiotapes, or any other video or audio reproduction in which my student appears. I understand that these materials are being used for promotion of First Presbyterian Church youth ministry. Such promotional activities extend to recruitment, advocacy, fundraising, etc. Pictures may appear on the Church website. I release the staff and volunteers from any liability connected with the use of my picture or voice recording as part of any of the above or similar activities.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

To the best of my knowledge, the information on this form is accurate and complete and I understand that I am signing for the minor listed on this form and the signature is for both medical and liability release.

Parent/Guardian Signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. **Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.**

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive, immodest clothing, or bikinis
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date: _____

Tell us about your student:

Non-School and/or school sports: _____

Would you like information on : Confirmation (7th grade or older)? Yes _____ and/or Church League Basketball? Yes _____

What current youth programs do you participate in? _____

Anything else to help us minister to your student better? _____

(attach an additional sheet if necessary)