

LENOIR PRESBYTERIAN CHURCH

Youth Participant Registration Form

1002 Kirkwood Ave NW Lenoir, NC 28645

Program Year 2017-2018

Name: _____
 First Middle Initial Last

Gender: ___ Male ___ Female

Mailing Address: _____

Home Telephone: _____ Student Cell: _____ Do you text? Y or N

Student Email Address: _____

Birthday: _____

School: _____ Grade: _____

Mother's Name: _____

Cell Phone: _____ Text? Y or N

Email: _____

Father's Name: _____

Cell Phone: _____ Text? Y or N

Email: _____

(If applicable) Guardian's Name: _____

Cell Phone: _____ Text? Y or N

Email: _____

Medical History Please answer the following questions: YES or NO

Does the participant currently have any medical conditions? _____

If yes, please list: _____

Is the participant currently taking medications of any kind? _____

If yes, please list name and dosage: _____

Is the participant current with his/her tetanus immunizations? _____

Date of last tetanus immunization: _____

Does the participant suffer from allergies of any kind? _____

If yes, please list allergies and reactions: _____

Does the participant have any special dietary needs?: _____

If yes, please list: _____

Additional Information: Please use this space to describe any additional relevant medical information not covered by the questions above.

***Please provide us with your insurance information on the back of this page.*

YOUTH PERMISSION FORM

I. Release of All Claims

In consideration for being accepted by Lenoir Presbyterian Church for participation in all church youth activities:

We (I), being 21 years of age or older, do for and on behalf of my child participant hereby release, forever discharge, and agree to hold harmless Lenoir Presbyterian Church (Lenoir, NC) and the officers and adult volunteers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in church activities.

Furthermore, on behalf of our (my) child-participant, we hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its officers, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

II. Event and Healthcare Authorization

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip or event, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action (see rules of conduct below) or otherwise, we (I) hereby assume all transportation costs.

This release and permission slip shall be in effect from **June 1, 2017, until August 31, 2018**, and shall govern all activities in which the individual named is involved. This release and permission can only be revoked by written request delivered to the church office prior to any activity for which permission is denied.

<hr/> <i>Name of Participant - please print</i>	(Both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.)
<hr/> <i>Parent(s) first name(s) - please print</i>	
<hr/> <i>Parent's Phone</i>	
<hr/> <i>Insurance Company/Policy Number</i>	
<hr/> <i>Physician</i> <i>Physician's Phone</i>	
<hr/> <i>Emergency Phone</i>	
<hr/> <div style="display: flex; justify-content: space-between;"> <i>Father</i> <i>Date</i> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <i>Mother</i> <i>Date</i> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <i>Legal Guardian</i> <i>Date</i> </div> <hr/> **Fill out left box completely, or affix health care label over it; please sign/date right box.	

III. Rules of Conduct (participant only - must be signed!)

I understand that I am responsible for my behavior and any damages to property or persons. I agree to abide by the rules and directions of the youth leaders. I will not use tobacco products, alcohol, or any illegal substance on church property or during any church trip or event. I understand that any violation of the above will result in disciplinary action at the discretion of the youth advisors and minister, up to and including being sent home at my own or my parents' expense.

Youth Participant

Date