

# LENOIR PRESBYTERIAN CHURCH

## Youth Participant Registration Form

1002 Kirkwood Ave NW Lenoir, NC 28645

**Program Year 2024-2025**

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.

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*\*\*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 of Lenoir, NC (LPC) 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 LPC 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 are hereby given to LPC to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify LPC, 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.

We (I) understand that all ministries at LPC will be conducted in accordance with the Child Safety Policy of Lenoir Presbyterian as approved by Session, and that we (I) may request a copy at any time.

## 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, 2024, until September 30, 2025**, 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(s) 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> <span style="float: right;"><i>Physician's Phone</i></span>	
<hr/> <i>Emergency Phone</i>	
<hr/> <i>Father</i> <span style="float: right;"><i>Date</i></span>	
<hr/> <i>Mother</i> <span style="float: right;"><i>Date</i></span>	
<hr/> <i>Legal Guardian</i> <span style="float: right;"><i>Date</i></span>	
**Fill out left box completely, or affix health care label over it; please sign/date right box.	

## III. Photo Release

I give LPC permission to use photo, video or other digital media of my youth in any and all of its publications, including web-based publications.     YES     NO

## IV. 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 electronic devices may be limited as to their use, and I will not use them for any illegal or immoral purpose at any time. 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*