Church: ____

YOUTH PROGRAM & ACTIVITIES REGISTRATION AND INFORMATION FORM

— REQUIRED FOR ALL REGULAR PARTICIPANTS IN OUR CHILDREN OR YOUTH PROGRAMS AND ACTIVITIES —

— A SEPARATE FORM REQUIRED FOR EACH PARTICIPANT, AGES NEWBORN THROUGH EIGHTEEN —

— A NEW FORM MUST BE COMPLETED AT LEAST ANNUALLY AND IF/WHEN FORM INFORMATION CHANGES —

— PLEASE PRINT CLEARLY IN INK —

____

PARTICIPANT'S FULL LEGAL NAME, INCLUDING DESIGNATION (JR., III, ETC.):

________________________|_______________________|______________________________________|________

PARTICIPANT'S NICKNAME OR "GOES BY" NAME: PARTICIPANT'S BIRTH DATE: PARTICIPANT'S GRADE:

____|__________________________________|___________________

PARTICIPANT'S COMPLETE ADDRESS: PRIMARY GUARDIAN'S COMPLETE ADDRESS (ONLY IF DIFFERENT):

____

GUARDIAN(S): ____MOTHER & FATHER JOINTLY ____MOTHER ONLY ____FATHER ONLY ____OTHER GUARDIAN

PARTICIPANT LIVES WITH: ____MOTHER & FATHER JOINTLY ____MOTHER ____FATHER ____OTHER GUARDIAN

GUARDIAN 1 FULL LEGAL NAME & RELATION TO PARTICIPANT: | GUARDIAN 2 FULL LEGAL NAME & RELATION TO PARTICIPANT:

____|____

GUARDIAN 1 PHONE: CELL PHONE: WORK PHONE: EMAIL ADDRESS:

____________________|__________________|_____________________|____________________________________

GUARDIAN 2 PHONE: CELL PHONE: WORK PHONE: EMAIL ADDRESS:

____________________|__________________|______________________|___________________________________

FULL LEGAL NAMES OF ALL PEOPLE SPECIFICALLY AUTHORIZED TO PICK UP PARTICIPANT:

_______________________________|_________________________________|________________________________

_______________________________|_________________________________|________________________________

FULL LEGAL NAMES OF ALL PEOPLE **SPECIFICALLY NOT AUTHORIZED** TO PICK UP PARTICIPANT:

_______________________________|_________________________________|________________________________

_______________________________|_________________________________|________________________________

AT LEAST TWO EMERGENCY CONTACTS OTHER THAN GUARDIAN(S) AND DOCTOR:

	NAME:	PHONE:	ALT PHONE:
1.			
2.			
3.			

↙ OVER ↘

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ALL ALLERGIES PARTICIPANT SUFFERS FROM: | IS PARTICIPANT AN EPINEPHRINE AUTO-INJECTOR PATIENT? [Y/N]: _____

________________________________|_________________________________|________________________________

________________________________|_________________________________|________________________________

ALL MEDICATIONS (PRESCRIPTION AND OVER-THE-COUNTER) TAKEN REGULARLY BY PARTICIPANT:

________________________________|_________________________________|________________________________

________________________________|_________________________________|________________________________

PARTICIPANT'S DOCTOR: DOCTOR'S PHONE: DOCTOR'S FAX:

__________________________________|_________________________________|____________________________

PARTICIPANT'S MEDICAL, MENTAL, EMOTIONAL, PHYSICAL CHALLENGES:

____

PARTICIPANT'S MEDICAL INSURANCE COMPANY: INSURANCE COMPANY PHONE:

____|____

PARTICIPANT'S MEDICAL INSURANCE POLICY #: INSURANCE POLICY HOLDER NAME:

____|____

PERMISSION FOR MEDICAL TREATMENT:

I/we do hereby state that I/we have legal custody of: ____. I/we grant my/our authorization and consent for church leaders to administer general first aid treatment for any minor injuries or illnesses experienced by: ____. If the injury or illness is life threatening and/or requires emergency treatment, I/we authorize the church to summon any and all professional emergency personnel to attend, transport, and treat: __________________________________ and I/we issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state of __________________________________. I/we agree to assume financial responsibility for all expenses of such medical care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the representatives of the church in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

____

APPROVAL & SIGNATURE:

I/we the undersigned, grant permission for: ______________________________ to fully participate in the regular program and activities of _____________________________. Additionally, I/we for himself or herself hereby assumes all risk with respect to and releases, indemnifies and holds harmless ______________________, its pastors, officers, elders, agents, employees and volunteers, from any claim, injury or liability which may occur arising out of participation in ____________________________'s youth program and activities due to any act or failure to act by ___________________, or any person who is employed by, associated with or retained by _______________________.

____ ____________________

SIGNER # 1: GUARDIAN 1 SIGNATURE ↗ DATE SIGNED

____ ____________________

SIGNER # 2: GUARDIAN 2 SIGNATURE ↗ DATE SIGNED

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