



# 2011-2012 WESTMINSTER YOUTH MINISTRY REGISTRATION AND INFORMATION FORM

## YOUTH INFORMATION

_____		M F
Child's Name	Date of Birth	Gender
_____		
School Attending	Current Grade	
_____		
Email (if applicable)	Phone	
_____		
Cell Phone (if applicable)		
_____		

## PARENT/GUARDIAN INFORMATION

_____		_____	
Parent's/Guardian's Name		Parent's/Guardian's Name	
_____		_____	
Relationship	( ) Home Phone	Relationship	( ) Home Phone
_____		_____	
( ) Cell Phone	( ) Work Phone	( ) Cell Phone	( ) Work Phone
_____		_____	
Email Address	(check <input type="checkbox"/> if receiving Youth eNews)	Email Address	(check <input type="checkbox"/> if receiving Youth eNews)
_____		_____	
Address		Address	
_____		_____	
City, ST ZIP Code		City, ST ZIP Code	

## ALTERNATIVE EMERGENCY CONTACTS

_____		_____	
Primary Emergency Contact		Secondary Emergency Contact	
_____		_____	
( ) Home Phone	( ) Work Phone	( ) Home Phone	( ) Work Phone
_____		_____	
Address		Address	
_____		_____	
City, ST ZIP Code		City, ST ZIP Code	

## PHOTO RELEASE

I hereby grant permission to Westminster Presbyterian Church to use my child's photograph on their website, multimedia, or in other official organization printed publications. I also acknowledge that Westminster Presbyterian Church may choose not to use my child's photo at this time, but may do so at its own discretion at a later date. I understand that the names and personal information of my child will not be published online with the photograph.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

## MEDICAL INFORMATION

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Policy/Group Number

\_\_\_\_\_  
Insurance Company Address

\_\_\_\_\_  
Insurance Company Phone Number

\_\_\_\_\_  
Policy Holder Name

\_\_\_\_\_  
Work Phone Number

**Liability Release:** I give permission for my child/children to participate in Westminster Youth Ministry program(s). Every activity sponsored by WPC is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazard inherent in church related activities. They also agree not to hold this church, its employees, or volunteers liable for damages, losses or injuries to the person or property of the student or the undersigned.

**Medical Release:** In case of emergency, I understand that every effort will be made to contact the parents, guardians, or alternate contact of the registered child. In the event that I cannot be reached, I hereby give permission to the physician or dentist selected by church leadership to hospitalize, secure proper treatment, and/or order an injection, anesthesia or surgery for my child. I understand that I am financially responsible for any expense for medical care or transportation incurred on my child's behalf. I hereby release Westminster Presbyterian Church, its employees, and volunteers from any responsibility for injuries or illness occurring as a result of or coincidental to my child's participation in these programs.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**ANY ADDITIONAL INFORMATION THAT WE SHOULD KNOW? (ALLERGIES, LEARNING DIFFERENCES, ETC.)**

Participation in out-of-town field trips, mission trips and retreats will require completion of an additional, trip-specific form.