



# 2011-2012 WESTMINSTER CHILDREN'S MINISTRY REGISTRATION AND INFORMATION FORM

## CHILD INFORMATION

Child's Name	Date of Birth	Age	M F
School Attending	Current Grade		
Allergies:	Which Service:		
	Sat    LB    9:30Cont.    11Trad    11Chapel		

## PARENT/GUARDIAN INFORMATION

Parent's/Guardian's Name	Parent's/Guardian's Name
Relationship      (    )	Relationship      (    )
(    )      Home Phone	(    )      Home Phone
Cell Phone      (    )	Cell Phone      (    )
Work Phone	Work Phone
Email Address	Email Address
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 I understand that the names and personal information of my child will not be published online with the photograph.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? (LEARNING DIFFERENCES, HOW TO COMFORT IF IN THE NURSERY, ETC.)**

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