

Please use this form to register all youth from Grade 6 through Grade 12.

Parent/Guardian Information

Parent's/Guardian's Name _____
 _____ () _____
 Relationship Home Phone
 _____ () _____
 Cell Phone Work Phone

Email Address (check if receiving Youth eNews)

 Address _____

 City, ST ZIP Code

Parent's/Guardian's Name _____
 _____ () _____
 Relationship Home Phone
 _____ () _____
 Cell Phone Work Phone

Email Address (check if receiving Youth eNews)

 Address _____

 City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact
 _____ () _____
 Home Phone Work Phone

Address _____

 City, ST ZIP Code

Secondary Emergency Contact
 _____ () _____
 Home Phone Work Phone

Address _____

 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 I understand that the names and personal information of my child will not be published online with the photograph.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 _____

Please make as many copies of this page as you require.

Youth Information

M F

Child's Name

Date of Birth

Gender

School Attending

Current Grade

Email (if applicable)

Phone

Cell Phone (if applicable)

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.

Youth Information

M F

Child's Name

Date of Birth

Gender

School Attending

Current Grade

Email (if applicable)

Phone

Cell Phone (if applicable)

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