

COVENANT PRESBYTERIAN YOUTH CONNECTION

YOUTH REGISTRATION 2011-2012

PARTICIPANT'S INFORMATION

Participant's Name	Last Name	School Attending		
		Grade or Adult	Gender	
Participant E-mail				
Complete Street/Mailing Address			Participants Employer if Any	
City	State	Zip Code	Home Phone	
Participant's SSN#	Birth Date	Work Phone		

PARENT / GUARDIAN INFORMATION

Mother's First Name	Last Name	Father's First Name	Last Name
Mother's Cell #	Work Phone	Father's Cell #	Work Phone
Mother's Employer		Father's Employer	
Mother's email		Father's email	

EMERGENCY CONTACT INFORMATION

Contact's First Name	Last Name	Primary Doctors First Name	Last Name
Relationship	Home Phone	Name of Practice	
Work Phone	Hospital Associated with		Doctor's Phone

PARENT / YOUTH AGREEMENT

I have willingly chosen to participate in Covenant Presbyterian Church's Youth Ministry. As a participant, I will work towards the goals of Covenant's Youth Ministry and building our group into a Christian community by...

- ✚ Participating whole-heartedly and enthusiastically in all activities planned for our group.
- ✚ Speaking up when I have a problem, need or concern.
- ✚ Listening/Responding to the needs of others.
- ✚ Following the guidance of the adult leadership.
- ✚ Respecting other's property or rights, and abiding by the house rules.
- ✚ NOT using controlled substances (alcohol, tobacco, or drugs) or promoting use of these substances in our community.
- ✚ NOT leaving the event grounds at any time without an adult leader present.
- ✚ Encouraging others to understand and abide by the above covenant and striving, as a Christian, to live as a supportive member of the group and as an example of faith and belief to those with whom we are in contact.

I understand that success in abiding by this covenant will result in a positive group environment and experience. I also understand that failure to abide by any of these guidelines may result in my being sent home at my parents' expense.

Please sign on back page.....

COVENANT PRESBYTERIAN YOUTH CONNECTION

YOUTH REGISTRATION 2011-2012

PHOTO RELEASE & TRANSPORTATION AGREEMENT

I _____ give permission to **Covenant Presbyterian Church** to make photographs, video, and audio recordings of my child in context of my child's participation in the church's ministry. I understand that these recordings and photographs will be used only in programs, printed materials, internet, or other legal purposes of Covenant Presbyterian Church.

Covenant Presbyterian Church also has my permission to transport my child (named above) on planned local trips away from campus and out of town trips. I understand that all precautions will be taken to ensure the safety and health of my child. In signing this I acknowledge that I will not hold the church, its chaperones, or its drivers responsible in the event of an accident.

MEDICAL RELEASE INFORMATION

I, _____, the parent of _____ (if under age 18) or;
I, _____ (if 18 or older) hereby willingly consent to participation in Covenant Youth trips/activities. In the event of injury or illness requiring URGENT medical attention while attending youth events, I consent to reasonable emergency medical treatment as deemed necessary. This consent includes permission granted to the adult supervisors and leaders of Covenant Presbyterian Church Youth to make decisions regarding administration of first aid or medications when required for injury or illness. In the event that a parent cannot be reached to obtain consent requested for specific treatment of a minor child by medical professionals, or in the event that a youth program participant who is 18 years of age or older cannot give consent due to incapacitating illness or injury, I hereby authorize the adult supervisors and leaders of Covenant Presbyterian Church Youth program to give such consent.

In the event it becomes necessary for a Covenant Presbyterian Church Youth leader to give consent for me, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by health insurance.

Health Insurance Company _____

Policy or Group # _____ Policy Holder's employer _____

Name of Policy Holder _____ Policy Holder's SSN _____

Insurance Company Phone Number _____

Youth Participant Info

Current medications _____

Allergies _____

List any significant past or present medical concerns (example: asthma, diabetes, etc.) _____

List any dietary restrictions _____

Date of most recent Tetanus shot _____

Liability Release Form

I/We understand that there are inherent risks involved in any youth trip or activity, and I/We hereby release Covenant Presbyterian Church, its staff and volunteer workers from any and all liability due to injury, loss, or damage to person or property that may occur during the course of my/our involvement with these trips or activities.

YOUTH participant printed name

Today's date

YOUTH participant Signature

PARENT/GUARDIAN Printed name

Relationship to youth

Today's date

PARENT/GUARDIAN Signature

Please attach a legible copy of your health insurance ID cards(s) – front and back