

**Lake Grove Presbyterian Church
Youth Ministries**

REGISTRATION FORM / CONSENT FORM

CONSENT FOR MEDICAL TREATMENT

Name of Child: _____

Insurance Company: _____ Policy No. _____

I, the undersigned, being the parent or legal guardian of the above minor child do hereby fully authorize Lake Grove Presbyterian Church ("LGPC"), its trustees, elders, employees, agents, representatives and volunteers to act on my behalf in the event my child is the victim of an accident, injury or illness that requires immediate medical or surgical care. Actions on behalf of my child shall include, but not be limited to, authorization for LGPC employees, staff or other chaperones to arrange for such medical care as they deem appropriate, substantiated by local medical advice, and to give any required consent for such medical care. I acknowledge that it is my responsibility to advise LGPC, in writing, of any allergies, medical problems or prescription medicine requirement that would be pertinent in the treatment of my child.

IMPORTANT MEDICAL INFORMATION (including medications): _____

DATED: _____ SIGNATURE of Parent or Guardian: _____

CONSENT FOR PHOTOGRAPHY

I hereby give permission for a church representative, employee, or volunteer to take pictures and/or video of my child. Pictures may be candid or posed and will be used for a variety of communication and identification mediums to include, but not exclusively, such things as brochures, databases, slideshows, LGPC website, and posters.

DATED: _____ SIGNATURE of Parent or Guardian: _____

AGREEMENT OF ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AND INDEMNIFICATION

In consideration of the opportunity for my child to participate in activities sponsored by LGPC, whether on LGPC premises or elsewhere, I agree as follows:

1. I understand and acknowledge that participation in the activities may be dangerous and may involve risks which include, but are not limited to, bodily injury, partial or total disability, paralysis and death. I also understand and acknowledge that the social and economic loss or damages which can result from those risks and dangers can be severe, and that not all such risks and dangers may be known or reasonably foreseeable at this time. I accept responsibility for losses or damage resulting from all such risks and dangers involved in participation of my child in the activities.
2. I understand and agree that neither LGPC nor any of its trustees, elders, employees, agents, representatives or volunteers may be held liable in any way for a child's behavioral misconduct, including but not exclusive of small or large acts of physical violence, verbal abuse, or use of illegal substances. I also understand and agree that if behavior of my child becomes a problem, my child will be sent home immediately at my expense.
3. I hereby release, waive and discharge LGPC, its trustees, elders, employees, agents, volunteers and representatives from any and all claims, demands, losses or damages on account of any injury, death, or damage to person or property, arising out of the participation of my child in LGPC activities, whether on LGPC premises or elsewhere.
4. I also hereby agree to hold harmless, defend and indemnify LGPC and all persons mentioned in paragraph 3 from any claim or demand, including attorney fees, made on account of injury or damage which my child may suffer as a result of participation in LGPC activities.
5. I understand that this release, waiver and agreement to indemnify and hold harmless includes, but is not limited to damages which are caused or alleged to be caused in whole or in part by the negligence of LGPC or the individuals listed in paragraph 3.

I HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND BY SIGNING IT I HAVE GIVEN UP SUBSTANTIAL RIGHTS. I SIGN THIS AGREEMENT VOLUNTARILY. THIS SIGNED FORM IS EFFECTIVE UNTIL SEPTEMBER 30, 2007

DATED: _____ SIGNATURE of Parent or Guardian _____

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Dear Parents/Guardians,

In order for us to be prepared as possible to meet the individual needs of your student, please complete the following:

Today's Date: _____

FOR OFFICE USE ONLY - Entered into database

Student's Name: _____

Date of Birth: _____ Current Grade: _____ School: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City and Zip: _____

Father/Guardian Name: _____ Work or cell phone: _____

Mother/Guardian Name: _____ Work or cell phone: _____

We are increasingly relying on technology to communicate information to our church family. Please indicate an email address we can use for keeping your student informed of the most current youth ministry information:

Email address (please print clearly): _____

Please share any special considerations that would be helpful for us to know about your child (For example: death of parent/grandparent/sibling? Recent divorce/separation? etc.)

Does your child have special learning needs? (For example: ADD/ADHS? Delayed speech/language? Reading/learning disability? Pervasive Developmental disorder/Autism? etc.)

What are your child's interests? (hobbies, clubs, teams, etc.): _____
