

REGISTRATION FORM

Today's Date: \_\_\_\_\_

FOR OFFICE USE ONLY - Entered into database

Student's Name: \_\_\_\_\_ Gender: M F

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_ Do they text?  
YES NO

Student's Cell phone carrier name: \_\_\_\_\_ (This allows us to text students with programming info)

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 students informed of the most current youth ministry information:

Student's email (print clearly): \_\_\_\_\_

Please check the ONE  
to use for our weekly  
program correspondence

Household email (print clearly): \_\_\_\_\_

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

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

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List student's interests, hobbies, clubs, teams, etc.: \_\_\_\_\_

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**Lake Grove Presbyterian Church  
Youth Ministries**

***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, 2010

DATED: \_\_\_\_\_ SIGNATURE of Parent or Guardian \_\_\_\_\_

Rev. 8/09