

# First Presbyterian Church

## Youth Registration Form

### September 2013 – August 2014

| <b>YOUTH INFORMATION</b>  |  |                         |                      |
|---|--|-------------------------|----------------------|
| Child's Name (Last)   | (First)  | Date of Birth           |                      |
| Address   | City   | State                   | ZIP Code             |
| Home Phone  | E-mail address   |                         |                      |
| Mobile Phone  | Are you allowed to receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No | Mobile Phone Carrier    |                      |
| Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female                         | Grade  | School                  |                      |
| <b>PARENT/GUARDIAN INFORMATION</b>  |  |                         |                      |
| Father's First Name   | Last Name  | Mobile Phone            | Work Phone           |
| Mother's First Name   | Last Name  | Mobile Phone            | Work Phone           |
| <b>YOUTH HEALTH INFORMATION</b>   |  |                         |                      |
| Regular Medications (Description and Schedule)  |  |                         | Date of Last Tetanus |
| Pertinent Medical History, including allergies (medicine, food, etc.)                           |  |                         |                      |
| Additional Health Concerns (physical limitations, activity restrictions, special dietary needs) |  |                         |                      |
| <b>HEALTH INSURANCE COVERAGE</b>  |  |                         |                      |
| Health Insurance Company  | Group Number   | Policy Number           |                      |
| Insurance Company Address   | City   | State                   | ZIP Code             |
| Insurance Company Phone   | Policy Holder First Name   | Policy Holder Last Name |                      |
| <b>EMERGENCY CONTACT INFORMATION</b>  |  |                         |                      |
| Primary Doctor's Name   |  |                         | Doctor's Phone       |
| Family Emergency Contact's Name   |  |                         | Contact's Phone      |

**First Presbyterian Church  
Parent/Guardian Consent Form  
September 2013 – August 2014**

|                             |         |               |          |
|-----------------------------|---------|---------------|----------|
| Child's Name (Last)         | (First) | Date of Birth |          |
| Address                     | City    | State         | ZIP Code |
| Parent/Guardian Name (Last) | (First) |               |          |
| Telephone (Home)            | (Work)  | (Mobile)      |          |

I consent to participation by my minor child in any church-sponsored activity I have registered him/her. In consideration for my child being allowed to participate in these activities, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or a legal representative, could possibly have against First Presbyterian Church, Gastonia, North Carolina, the pastors, the employees, or agents of the church which arise out of, or relate to, my child's participation in these activities. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I present that my consent to and agreement to pay for the dental, medical, or hospital care of treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

|                               |      |
|-------------------------------|------|
| Print Name of Parent/Guardian |      |
| Signature of Parent/Guardian  | Date |