

Valencia Presbyterian Church

CHILDREN/YOUTH MINISTRIES REGISTRATION FORM

Participant Name: _____ Gender: _____

Age: _____ Birthdate: _____

Grade in School: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Email: _____

Any Allergies? NO YES List: _____

Mother's Name: _____ Cell Phone #: _____

Father's Name: _____ Cell Phone #: _____

Emergency Contact:
(other than parent) _____

Phone #: _____

LIABILITY AND MEDICAL RELEASE

This child has my permission to attend Children & Youth Ministry Programs at Valencia Presbyterian Church. I release the Valencia Presbyterian Church and its employees from all liability for any injury that may occur while on the premises at this time. I hereby authorize Valencia Presbyterian Church to administer basic First Aid to this child and to seek professional medical treatment if necessary.

Signature: _____ Date: _____

PHOTOGRAPH PERMISSION

I hereby give my permission for my child's picture, taken from activities at Valencia Presbyterian Church, to be displayed on our Church's website, Bulletin Boards and/or published in the LINK Newsletter.

Signature: _____ Date: _____