

# 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 understand that photos/videos will be taken at VPC events and activities. I hereby give permission for my child's photo/video to be used in church publications, website and social media. I understand that photos and videos will NEVER be accompanied by captions or tags that include names or any other identifying information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_