

Valencia Presbyterian Church

VPC 4:12 Youth Group Registration Form

DATE: _____

Participant Name: _____

Age: _____ Birthdate: _____ School: _____ Grade in School: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Any Allergies? (Please circle) NO YES If Yes, Please List: _____

Mother: _____ Cell Phone: _____

Email: _____

Father: _____ Cell Phone: _____

Email: _____

Emergency Contact (Other than parents): _____

Phone: _____

LIABILITY AND MEDICAL RELEASE

This Youth has my permission to attend any/all VPC 4:12 Youth Group activities, both on and off the Valencia Presbyterian Church premises, during the 2013/2014 program dates identified on the top of this registration form. I release the Valencia Presbyterian Church, its employees and volunteer leaders from all liability for any injury that may occur while participating in such activities. I understand that participation in these activities may require transportation off of church property, which will be provided by adult leaders and volunteers over the age of 21. I hereby authorize the adult leaders to administer basic First Aid to this child and to seek professional medical treatment if necessary. I understand that I will be contacted as soon as possible if health or safety issues warrant action to be taken.

PHOTOGRAPH PERMISSION

I understand that photos/videos will be taken at VPC Youth 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.

Parent/Guardian Signature: _____ Date: _____