

Shadle Park Presbyterian Church Children's and Youth Ministry Registration

I, as parent/guardian of:

Student's name _____, grade __, birthdate (mm/dd/yyyy) _____,

Student's name _____, grade __, birthdate (mm/dd/yyyy) _____,

Student's name _____, grade __, birthdate (mm/dd/yyyy) _____,

Student's name _____, grade __, birthdate (mm/dd/yyyy) _____,

do release and hold Shadle Park Presbyterian Church (SPPC), its agents and employees harmless from any claims or causes arising from or connected with transportation to and from, and attendance at SPPC functions. I further agree that SPPC, its agents, or employees are authorized to provide medical and/or dental treatment at my expense as may be necessary, in their judgment, during such transportation and/or participation in any event including, but not necessarily limited to ambulance service, x-ray or other imaging examinations, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care to be rendered to such minors under the general or the special supervision and on the advice of any physician or dentist licensed under the provisions of the regulations of the State of Washington pertaining to professional status.

1. Does student have any known allergies (including allergies to medicine)? ___ Yes ___ No

If yes, what? _____

2. Does student have any physical disabilities or take medicine regularly? ___ Yes ___ No

If yes, what? _____

3. In case of emergency: (Please check one of the following):

___ Contact parent/guardian before giving treatment ___ Give 1st aid, then contact parent/guardian

4. Does student have permission to swim under adult supervision with the understanding that swimming conditions are variable (lakes, swimming pools, etc...)? ___ Yes ___ No

5. Does student have permission to travel in any vehicle used to transport participants if at any time transportation is needed? ___ Yes ___ No

6. Does SPPC have permission to use photos of your student in promotional materials including, but not limited to the church website? ___ Yes ___ No

7. Expectations: All participants are expected to be on their good behavior. The possession or utilization of drugs and/or alcohol is strictly prohibited and the undersigned agrees to follow instructions of their supervisors and officials and does further acknowledge that their participation is voluntary and by their signatures below said parent(s)/guardian(s) are accepting this voluntary participation. The undersigned acknowledge that they have read and agreed to the provisions of this consent and participation agreement.

Doctor: _____ Phone: _____

Insurance Company Name: _____

Group #: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name Printed: _____

Student Signature: _____

Address: _____

Parent Email: _____ Student Email: _____

Home #: _____ Mom Work #: _____ Dad Work #: _____

Dad Cell #: _____ Mom Cell #: _____ Student Cell #: _____

Names of any other individuals who can pick up your children from SPPC functions: _____
