



Youth Ministry Registration and Releases - 2016-17

Full Name: _____ Age: _____ D.O.B. ____/____/____

Legal Guardian Name(s): _____

Home Address: _____

City, State Zip: _____

Current School: _____ Grade: _____

Home Phone: _____

Email – Youth: _____ Cell: _____

Email – Parent: _____ Cell: _____

Email – Parent: _____ Cell: _____

Text Messaging Communication

The Youth Ministry of FPCY uses multiple means to communicate with the youth and parents concerning programming and events including emails and text messaging. The text messages sent by the Youth Ministry will be reminders about upcoming events, announcements about schedule changes, instructions to check email or visit the website for updated information, and biblical or inspirational messages. Your permission is requested because receiving text messages can involve a financial obligation and varies depending on your carrier and plan.

I give my permission for FPCY Youth Ministry to communicate with my child via text message.

Parent/Guardian Signature

Date

In order for your child to receive text messages through our group texting service, please make sure their number is complete above and provide the name of your youth's cell carrier: _____

Parents, if you would like to receive text messages regarding the Youth Ministry, please provide your carrier as well:

Parent Name: _____ Carrier: _____

Parent Name: _____ Carrier: _____



Permission Waiver for Youth Ministry Activities

I (Parent's Name) _____ hereby give my permission for (Child's Name) _____ to participate in offsite youth fellowship activities. My son/daughter also has my permission to ride in a car driven by an adult chaperone. I understand that the Youth Ministry Leaders will use their best efforts to supervise; however, I also understand the Youth Ministry Leaders are not responsible for loss of personal property or bodily injury. If I cannot be reached at the time of an emergency and if treatment is urgent in the judgment of the Youth Ministry Leaders and medical authorities, I authorize and direct the Youth Ministry Leaders to send my child to the hospital or the most easily accessible medical facility. I understand that I will assume full responsibility for the payment of any services rendered.

Parent/Guardian Signature

Date

Insurance Information

Insurance Company: _____ Group #/ID: _____

Medical History

Primary Care Physician: _____ Phone: _____

Please list any of the following: Medications (prescription or over-the-counter): _____

Allergies (Food, Medicinal, and Environmental): _____

Medical Conditions or physical limitations: _____

Pictures and Video Posted on Youth/Church Website

Photographs and videos are taken at most Youth Ministry events that may be used and/or posted on the church's website or social media. Youth will not be identified by name or other identifying information in any picture that is posted.

I _____ give permission for the image of my son/daughter, _____ to be used on FPCY Youth/Church Website and/or social media pages.

Parent/Guardian Signature

Date