



# Registration Form For ALL Events/Programs (Grades 6-12)

## September 2019 – August 2020

To be completed ONCE for use during September 2018-August 2019, unless medical information changes / used for any and all youth ministry events, trips, retreats & programs. MUST be completed!

<b>Please Circle All Programs You Wish To Register For, This Program Year:</b>				
Agape	MS Breakfast Club	9 <sup>th</sup> Grade Confirmation	MS/HS Fellowship	Other/Trip: _____

Student Name (First,Middle,Last) _____	D. O. B. ____/____/____	Grade (Fall '18) _____
Street Address _____	City/State/Zip _____	Home Phone# _____
Student Cell Phone # _____	Student Email _____	
T Shirt Size (Circle One) S M L XL 2XL		
Parent/Legal Guardian Name _____	Member of PCW? Please Circle: YES / NO	
Parent/Guardian Cell # _____	Parent/Guardian Email _____	
Parent/Legal Guardian Name _____	Member of PCW? Please Circle: YES / NO	
Parent/Guardian Cell # _____	Parent/Guardian Email _____	
If parent/guardian is not available, in case of emergency, please contact:		
Name/Relationship _____	Best Contact Number: _____	

**MEDICAL INFORMATION (All medical information is kept strictly confidential.)**

Name of Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Dentist/Orthodontist \_\_\_\_\_ Phone # \_\_\_\_\_

**IMMUNIZATION HISTORY: If possible, please attach the immunization list from the physician.**

Date of last medical exam: \_\_\_\_\_ DPT Series/Tdap/Tetanus Shot Date: \_\_\_\_\_

LIST ALL ALLERIGES TO FOOD OR N/A \_\_\_\_\_

LIST ALL ALLERGIES TO MEDICATION OR N/A \_\_\_\_\_

DATE(S) OF RECENT OPERATIONS OR SERIOUS INJURY OR N/A \_\_\_\_\_

CHRONIC OR RECURRING ILLNESS(ES) OR N/A \_\_\_\_\_

SPECIAL DIETARY NEEDS/VEGETARIAN OR N/A \_\_\_\_\_

PLEASE CHECK EACH OF THE FOLLOWING MEDICATIONS THAT MAY BE ADMINISTERED TO YOUR CHILD:

\_\_\_\_\_ Tylenol    \_\_\_\_\_ Benadryl    \_\_\_\_\_ Senokot(Laxative)    \_\_\_\_\_ Ibuprofen    \_\_\_\_\_ Pepto Bismol    \_\_\_\_\_ Immodium

**INSURANCE INFORMATION (In case of emergency.)**

Medical Insurance Company Name \_\_\_\_\_ Member ID \_\_\_\_\_

Group/Policy Number \_\_\_\_\_

I/We give permission for my child to participate in the Presbyterian Church in Westfield's Middle School and/or High School ministries weekly meetings, activities, and trips during the year 2019/2020. I/We wish to make clear our understanding that the Presbyterian Church in Westfield is hereby relieved from any liability for loss of property, damage to property, or any personal harm that may come to the participant, and absolve the Presbyterian Church in Westfield, and hold it harmless from any claim or demand which might be asserted in connection with these meetings, activities, and trips. In case of a medical emergency, I/We hereby authorize any medical and/or surgical care, including diagnosis and treatment, to be given by any licensed hospital or clinic, when the participant is accompanied by an adult leader and efforts have been made to contact the participant's parents. I/We assume full responsibility for such care. As a participant, your child's image, name, and voice, as well as any presentation, speech, or written document submitted by him/her, may be used, reproduced, distributed and/or modified by the Presbyterian Church in Westfield at any time in a variety of media for a variety of purposes including, but not limited to, print, video, photographs, all of which may be available on the Internet. By signing below you indicate that you have read and understand the terms and conditions of this 2019/2020 Registration Form. Also by signing below, you authorize medical care for your son/daughter in the event of an illness, injury and/or emergency.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date