

FPCJ Kids & Youth Ministries Registration Form

Please Print Clearly.

Name of Student: _____

Email Address: _____

Date of Birth: ____/____/____

Grade: _____ School Name: _____

Emergency Contact Name : _____

Emergency Contact Address: _____

Emergency Contact Phone #: _____

Emergency Contact Email _____

Ministries

- Logos (We ask for a \$25 per semester (fall / spring) Support Donation if possible)
- Sunday Kids Church
- Junior HYPE – Middle School – Friday Logos
- Junior HYPE – Middle School – Sunday Worship first of the month
- HYPE – High School & College – Friday Logos
- HYPE – High School & College – Weekday basketball – Fill out physical release form
- Other

Family Information

Parent/Guardian 1 Full Name: _____

Phone Number 1: _____ Phone Number 2: _____

Email Address: _____

Are you willing to help out? Yes No

Parent/Guardian 2 Full Name: _____

Phone Number 1: _____ Phone Number 2: _____

Email Address: _____

Are you willing to help out? Yes No

Additional Caregivers/family or friends authorized to pick up child

Name: _____

Phone Number 1: _____ Phone Number 2: _____

Authorization for Treatment of a Minor

In the event of illness or accident, if the parent or guardian cannot be reached, I authorize the church, or its agents, to consent to any diagnosis, examination, treatment, or hospital care for my child, which is deemed advisable by, and is rendered under the supervision of a physician. I release the church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

Signature of Parent/Guardian: _____ Date: _____

Photo Agreement

I give permission for photos of my child participating in the programs and ministries of FPCJ to be published in the First Presbyterian Church Newsletters, slide shows and/or websites. If you do not give permission, please do not sign.

Signature of Parent/Guardian: _____ Date: _____

**IF PARTICIPATING IN SPORTING/PHYSICAL EVENTS AT FPC JAMAICA:
MEDICAL/LIABILITY RELEASE/REGISTRATION FORM
FIRST PRESBYTERIAN CHURCH IN JAMAICA**

PARTICIPANT'S NAME – PLEASE PRINT: _____

A permission slip must be submitted for any individual participating in a church activity, trip, or event that takes place away from the church.

NAME OF EVENT/PROJECT: _____

YEAR(S) OF EVENT/PROJECT: _____

I hereby certify that my child is in good physical and mental health at this time, and wishes to participate in the above event/activity. I understand that there are inherent risks involved in any ministry or athletic event. I realize that there are certain risks arising from this activity, and I am willing to assume the liability of such risks. In consideration of your accepting my child for participation in the above named program, I, on behalf of myself, my personal representatives, heirs, assigns, and/or designees hereby agree to release, hold harmless, defend, and indemnify the Trustees, First Presbyterian Church in Jamaica, and/or its agents, officers, leaders/volunteers, and employees from any and all claims of suits and damages arising out of the above named program, activity, or sport for bodily injury, medical expenses, property damage, wrongful participation in this Church event or project, including attorney's fees. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

In the event that I cannot be reached in an emergency during the times specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary. I also agree to bring my child home at my expense should he/she become ill or if a student ministries staff member deems it necessary.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, CONSENT, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM. I AM SIGNING THIS WAIVER VOLUNTARILY.

SIGNATURE OF PARENT OR LEGAL GUARDIAN IS REQUIRED IF PARTICIPANT IS UNDER THE AGE OF 18 YEARS.

Parent/Legal Guardian Signature

Date

Child's Date of Birth (if minor)

MEDICAL/LIABILITY RELEASE/REGISTRATION FORM FIRST PRESBYTERIAN CHURCH IN JAMAICA

I understand that information regarding health insurance will be provided to the provider of any medical service to the child and that any and all expenses for medical care and treatment provided to the child will be my responsibility. The Church will not be obligated to pay any medical expenses incurred on behalf of the child.

Do you have health insurance? Yes _____ No _____

If you do have health insurance, a copy of the front and back of the card must be attached to this form. If you DO NOT have health insurance, please fill out the additional medical insurance waiver.

Insurance Company: _____

Policy Number: _____

Medical Insurance Waiver (ONLY FOR THOSE WITHOUT INSURANCE)

_____ has no medical insurance. I/we, _____

Child's Name

Parent or Legal Guardian

accept full responsibility for any medical expenses incurred as a result of an accident or injury that occurs during a Second Presbyterian Church of Chicago sponsored youth activity.

Parent or Guardian's Signature

Date

Health Problems/Allergies: _____

Special Needs/Restrictions: _____

Pediatrician: _____ Phone: _____