

September 1, 2017 - August 31, 2018

CENTRE CHURCH - REGISTRATION & EMERGENCY INFORMATION
Middle School and High School Grades 5-12

Child/Youth's Name _____ DOB _____

Grade in September _____ School _____

Address _____

Home Phone _____ Youth's Cell Phone _____

Parent's E-mail(s) _____

Parent/guardian _____ Cell _____ wk _____

Parent/guardian _____ Cell _____ wk _____

Local Emergency Contacts (other than a parent/guardian):

Name _____ Relation _____ Phone _____

Doctor _____ Phone _____

Insurance Carrier _____ Policy Number _____

Name of Policy Holder _____ Medications _____

Allergies _____ Symptoms of Allergic Reaction _____
Necessary Emergency Measures (epipen etc.) _____

Dietary Restrictions _____ Health/Behavior Issues _____

CONSENTS & MEDICAL RELEASE FOR CHURCH ACTIVITIES AND FIELD TRIPS

I give my permission for my child to participate in various activities, both at the church and away from the church campus from September 1, 2017 – August 31, 2018. I hereby release Centre Church, its leaders, employees, and volunteers from any liability whatsoever for any injury or problem occurring during participation in these activities or field trips or in exercising this permission. I understand that if transportation is necessary for an outing, it may be provided by Centre Church employees or volunteers.

I give my permission for my child's photo to be posted on the church website or published in Centre Church bulletins, newsletters, press releases and/or marketing materials. I understand that no names or other identifying information will be included.

Yes _____ No _____

In the case of an emergency, I authorize an adult leader (person must be 21 years of age) to consent to any diagnostic and/or medical treatment for my child deemed necessary by a licensed physician or dentist while participating in church-sponsored activities (including examination, X-ray, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care) with the stipulation that a reasonable attempt will be made to contact me or my designated alternates at the phone numbers listed above before any treatment is given to my child.

Signature of parent/guardian _____ Date _____