

Date: \_\_\_\_\_

**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. 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 \_\_\_\_\_