



Sunday School/Youth Group Registration forms.

Youth Name _____ Date of Birth _____ Grade _____

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Address _____ Phone _____

Parent(s)/Guardian(s) Name(s) _____

Parent(s) cell phones _____

Parent(s) emails _____

In Case of Emergency, please contact:

First call _____ Phone _____

If above cannot be located:

1st Choice _____ Phone _____

2nd Choice _____ Phone _____

Sunday School/Youth Group/Early Release Program- Parental Consent

The undersigned does hereby give permission for my child (ren) to attend and participate in all Sunday School/Youth Group events during the 2014-15 school year including activities not on the church campus.

Youth name:

Allergies:

Dietary Restrictions:

Please identify any medical issues/medications that the adult leadership needs to be aware of or that may be pertinent in an emergency situation:

The undersigned authorizes an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home from an off-site event due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Signature of Parent/Guardian

Date

At all times children must be supervised. When not in class, parent/guardians are responsible for their safety and behavior.

I understand and agree with the above terms:

Name

Date