

Rehoboth Reformed Church Youth Ministries

2019-2020 Participant Registration/Permission Form

Participant's Name: _____ Birthdate: _____ Gender: M F

Address _____ City _____ State _____ Zip _____

School _____ Email or Facebook: _____

Father's Name (or Guardian): _____ Cell Phone: _____

Mother's Name (or Guardian): _____ Cell Phone: _____

Parent's Email _____ Participant's Cell Phone: _____

List Any Extra-Curricular School or Other Activities/Interests:

Medical Information

Does the child named above have any special medical needs or concerns (allergies, dietary needs, medications that the youth team should be aware of)? Please describe below or on back of sheet:

Health Insurance:

Insurance Company _____ Policy Number _____

Medical Doctor _____ Phone Number _____

Emergency Contact Information Other Than Parent (In Case A Parent Cannot Be Reached):

Name _____ Relation _____

Cell Phone _____ Alternate Phone _____

Permission to Participate

I understand that youth activities, events and trips sponsored by REHOBOTH REFORMED CHURCH may require sound physical and mental health. By signing this form, I expressly warrant my child named above is capable of withstanding both the physical and mental demands of such activities, and that I have been informed regarding the nature of these activities and demands. I further understand that I may request that my child named above be excluded from participation in any sponsored activities, events or trips should such activities, events or trips be noted below (please list any activities, events or trips that your child MAY NOT participate in):

Publication Release

I authorize Rehoboth Reformed Church, McBain, Michigan to use pictures of my child for church-related publications.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where my child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **REHOBOTH REFORMED CHURCH** to seek and secure any needed medical attention or treatment for my child named above, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action. I further give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, if deemed necessary.

Authorization from Parents/Guardian

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above information and am fully familiar with the contents thereof. I give permission for my child named above to participate in all sponsored youth activities, events and trips, unless noted.

Signature of Father / Guardian _____ Date _____

Signature of Mother / Guardian _____ Date _____