

## ***Registration for SAPC Youth Event***

Event: \_\_\_\_\_

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

Name of Youth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

### ***Parental Consent:***

I give my son/daughter permission to attend this youth event and to travel in church provided transportation. As parent and as youth, we will be conscientious of all departure and arrival times and will honor both times. In the event of an emergency, SAPC adult leaders have my permission to give emergency medical treatment to my child as deemed necessary. I release South Aiken Presbyterian Church staff/volunteers from any liability in the case that my son or daughter sustains any injuries at this event.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### ***Covenant:***

As a youth participant, I will behave in such a manner that best represents God, my local church, my Presbytery, and my family. I promise to listen to all directions given and will be respectful to all people at all times. If at any time my before becomes disrespectful, my parents will be contacted to pick me up at their time and expense.

**Youth Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SAPC Youth Medical/Photo Release Form**

Name of Youth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

**Health History:**

Insect Allergies    Drug Allergies    Other Allergies ( \_\_\_\_\_ )  
 Frequent Headaches    Diabetes    Heart Problems    Frequent Upset Stomach  
 Physical Handicap ( \_\_\_\_\_ )    Epilepsy    Asthma

Other conditions: \_\_\_\_\_

If you checked any of the above, please give necessary details below:

**Parental Consent:**

*In the event of an emergency, SAPC adult leaders have my permission to give emergency medical treatment to my child as deemed necessary.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*I  give/  do not give permission for my child's photograph or video image to be used for South Aiken Presbyterian Church (USA) publications (i.e.-newsletters, parent emails, church website, etc.).*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***\*Along with this registration form, please submit a copy of both sides of your insurance card.\****