

King's Grant Presbyterian Church YOUTH Registration Form

We, the undersigned parent(s) or legal guardian(s) for _____, do (Child) hereby give permission for my child to participate in planned outings and activities, release, forever discharge, and agree to hold harmless King's Grant Presbyterian Church and the representatives thereof from any and all liability, claims or demands for personal injury, sickness, or death as well as probate damage and expenses of any nature whatsoever which may be incurred by my child in the course of participation in outings and activities planned by King's Grant Presbyterian Church. Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences.

I/we give permission for any representative of the church to obtain necessary medical treatment if needed and will assume responsibility for any medical bills incurred.

I/we understand that should our child violate any state law I/we will be responsible for picking the child up from the location of the event as soon as possible/within 24 hours.

Child's Name: _____ Cell # _____

Address: _____

Age _____ Date of Birth _____

Parent or Guardian Name _____

Cell Phone _____ Work Phone _____

Emergency Contact _____

Cell Phone _____ Work Phone _____

Parent or Guardian signature _____ Date _____

Youth Pledge: I hereby pledge to honor and uphold all covenants and policies of the Youth program at King's Grant Presbyterian Church. During any youth activity and trip, I pledge to follow all instructions of the youth leadership and the adult chaperones, including safety instructions and all state laws.

Youth signature _____ Date _____

**King's Grant Presbyterian Church
MEDICAL INFORMATION & PERMISSION SLIP**

MEDICAL INFORMATION:

Name _____

Doctor/ Phone _____

Allergies _____

Special Health concerns: _____

Current Medications: _____

Insurance Company _____

Policy Holder and Name _____

(if possible, please provide a copy of your child's insurance card)

I/we give permission for any representative of the church to obtain necessary medical treatment if needed and will assume responsibility for any medical bills incurred.

I/we give permission for any representative of the church to administer the medicines listed below as needed. I understand that the church representatives will hold the medicines and administer them as prescribed or needed.

Parent or Guardian

signature _____ Date _____

Medicines and dose child can take:

Medicines and does child is prescribed to take: