

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Youth Registration Form

Please print clearly and complete ***all*** applicable areas.

BOTH PARENTS OR GUARDIANS MUST COMPLETE THE INFORMATION AND SIGN BELOW  
(UNLESS ONLY ONE PARENT OR GUARDIAN HAS LEGAL CUSTODY OF THE ABOVE-MENTIONED CHILD).

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### CONTACT INFORMATION

#### Child

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Gender: Male Female

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Street Address & Apartment #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_

Child lives with: \_\_\_\_\_

#### Parent/Guardian #1

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address & Apartment #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

#### Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address & Apartment #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_

2: \_\_\_\_\_

Parent's/Guardian's #1 Initials \_\_\_\_\_

Parent's/Guardian's #2 Initials \_\_\_\_\_

Does your child have permission to walk/transport themselves home without adult supervision? YES NO

Parent's/Guardian's #1 Initials \_\_\_\_\_

Parent's/Guardian's #2 Initials \_\_\_\_\_

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## EMERGENCY CONTACT INFORMATION

### Emergency Contact #1

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address & Apartment #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Relationship to Child \_\_\_\_\_

### Emergency Contact #2

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address & Apartment #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Relationship to Child \_\_\_\_\_

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## MEDICAL RELEASE INFORMATION

### Insurance Information

Family/Primary Doctor's Name & Clinic \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Insured's Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

The purpose of the information listed below is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Blood Type \_\_\_\_\_

List all chronic illnesses (i.e. Diabetic, Asthma, Seizures).

<u>Chronic Illness</u>	<u>Required treatment</u>	<u>Should paramedic be called for treatment?</u>	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

List all current medication(s): \_\_\_\_\_

List all allergies: \_\_\_\_\_

It is my/our understanding that the Life Community Center will attempt to notify me/us in the event of a medical emergency involving my/our child. If the church cannot reach me/us, then I/we authorize the church to enlist the services of a doctor or other health-care professional(s), and I/we give my/our permission to the doctor or other health-care professional(s) to provide the medical services he or she may deem necessary. I/we agree to pay for any and all medical expenses so incurred.

Parent's/Guardian's #1 Initials \_\_\_\_\_

Parent's/Guardian's #2 Initials \_\_\_\_\_

I/we will notify the Life Community Center if I/we feel there is any health considerations that would prevent my/our child's participation in any activities (prior to my/our consent being granted).

Parent's/Guardian's #1 Initials \_\_\_\_\_

Parent's/Guardian's #2 Initials \_\_\_\_\_

I/we also give my/our permission for the Life Community Center children's/youth leaders to restrict my/our child from participation in any activities, which they have any question(s) about for health or other reasons.

Parent's/Guardian's #1 Initials \_\_\_\_\_

Parent's/Guardian's #2 Initials \_\_\_\_\_

**PHOTO RELEASE**

I hereby give permission for my child to be photographed during Life Community Center activities. I understand the photos will be used to share during presentations and/or reports to donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of the Life Community Center and Life Church.

Parent's/Guardian's #1 Initials \_\_\_\_\_

Parent's/Guardian's #2 Initials \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## PARENTAL CONSENT

I/we certify that I/we have been informed of the sponsored Life Community Center activities and my/our child will be or may be participating in a number of activities for a full calendar year, which carry with them a degree of risk. Some of the activities may include swimming, boating, hiking, skiing, "tubing", camping, field trips, sports, and other activities, which the Life Community Center may offer.

I/we consent for my/our child to participate in these activities. Both parents (where applicable) or guardians must initial below.

Parent's/Guardian's #1 Initials \_\_\_\_\_

Parent's/Guardian's #2 Initials \_\_\_\_\_

I/we, do hereby, fully release and discharge the Life Community Center, its employees, volunteer assistants, successors, and assigns, from all rights, claims, and actions of every kind, which such minor may have against such party arising out of any sponsored activities.

Parent's/Guardian's #1 Initials \_\_\_\_\_

Parent's/Guardian's #2 Initials \_\_\_\_\_

In addition, I/we take full responsibility for my/our child's actions and agree to pay any and all costs for damage(s) incurred by said child throughout any part of any activity. I/we agree that the Life Community Center is not responsible for lost or damaged personal property. I/we understand while the above-named child participates in sponsored Life Community Center activities or others, he/she is responsible to abide by all rules set forth by the Life Community Center, and/or its leaders, and/or supervisory personnel. Any serious infraction ("serious" will be defined by the Life Community Center, and/or its leaders, and/or supervisory personnel) of the rules or inappropriate conduct by the child can result in dismissal from the activity. In the event my/our child is dismissed, I/we, the undersigned, agree to assume the cost of returning the child to his/her home in an expeditious manner. I/we also agree to forfeit any possible refund. I/we further understand that such action would only be taken under extreme circumstances and only after consultation with the Life Community Center, its employees, leaders, supervisory personnel, and parents or guardians (when possible and/or practical).

Parent/Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian #1: \_\_\_\_\_

Parent/Guardian #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian #2: \_\_\_\_\_