

**FIRST PARISH CHURCH  
YOUTH GROUP REGISTRATION FORM**

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Grade entering Fall 2014: \_\_\_\_\_  
 School: \_\_\_\_\_



**First Parish Church  
Manchester-By-The-Sea, MA**

**Besides school, what activities are you involved in?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Primary Contact Email Address: \_\_\_\_\_

Student Email Address (optional): \_\_\_\_\_

Any Allergies: \_\_\_\_\_

Any Health Issues: \_\_\_\_\_

**Photography/Videography Waiver:** I understand that my child may be photographed or recorded on video during the course of youth ministry events. By initialing below I provide consent for their image to be used in either print, electronic, social media or video form for the promotional purpose of future youth group activities.

*Initials of Parent/Guardian:* \_\_\_\_\_

**Volunteering (for parents):**

Would you like to (check all that apply):

- \_\_\_ Help plan/set up events (recreational/service/religious)
- \_\_\_ Help out at Youth Group (Sunday Mornings or Other)
- \_\_\_ Cook or provide food for gatherings/events.
- \_\_\_ Serve in another way: \_\_\_\_\_

**Help us get to know you!**  
*(for youth)*

Do you enjoy (check all that apply):

- Acting  Singing
- Playing an instrument  (What do you play?) \_\_\_\_\_
- Painting or Drawing
- Reading  Writing
- Dancing  Service Projects
- Photography
- Games  (Which games?) \_\_\_\_\_
- Sports  (Which sports?) \_\_\_\_\_
- Other: \_\_\_\_\_

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*

**FIRST PARISH CHURCH  
PARENTAL PERMISSION FORM**

I hereby give permission for this youth to participate in church activities of First Parish Church, Manchester-By-The-Sea, MA. This includes all sponsored activities on or off the Church property (including any and all activities involving travel and/or lodging) unless otherwise limited below. I understand that reasonable precautions will be exercised by the adults chaperoning each event and that adults will adhere to Safe Church policy at all times. This permission shall remain in effect until 31 May 2015, unless terminated in writing.

I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in church activities. I understand that drivers for all events must be over age 21 and approved by First Parish Church staff.

\_\_\_\_\_  
*Parent/Legal Guardian*

\_\_\_\_\_  
*Date*

+++++  
**MEDICAL RELEASE**

*In case of emergency or medical care*

Youth's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide any important details if your son/daughter has allergies, of if he/she is taking a prescription or non-prescription medication (please list current medications, dosage, and frequency of dosage):

\_\_\_\_\_  
\_\_\_\_\_

Can you son/daughter self-administer his/her medication?  Yes  No

*If the answer is no, arrangements must be made with the adult in charge.*

I give my child permission to administer his/her own medications: \_\_\_\_\_  
*Signature of parent/guardian*

Youth's insurance carrier and policy number: \_\_\_\_\_

Name of primary insurer: \_\_\_\_\_

**Statement of Consent:**

I, the undersigned, parent/legal guardian of \_\_\_\_\_ do hereby consent to any X-Ray exam, anesthetic, medical diagnosis or treatment and hospital services that may be rendered to said minor, under the general or specific instructions of \_\_\_\_\_ (*Name of Youth's Physician*) or, if unavailable, two on-call physicians at a hospital or clinic. It is understood that this consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of my child, in my absence, and said physician to exercise their best judgement as to the requirements of such diagnosis or said medical treatment.

This consent will remain effective until the **31st day of May, 2015**. I understand that any and all medical expenses incurred are my responsibility and that there is not medical insurance coverage providing by First Parish Church, Congregational.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date