

# WESTMINSTER PRESBYTERIAN CHURCH STUDENT INFORMATION/RELEASE FORM 2018-2019

## PERSONAL INFORMATION

STUDENT'S NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE : \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
STUDENT'S EMAIL: \_\_\_\_\_

## PARENT INFO

**MOM'S NAME:** \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
MOM'S EMAIL: \_\_\_\_\_  
**DAD'S NAME:** \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
DAD'S EMAIL: \_\_\_\_\_

## EMERGENCY CONTACT (FIRST PERSON TO CALL)

NAME & RELATION: \_\_\_\_\_  
PHONE #: \_\_\_\_\_

## MEDICAL INFORMATION

LIST ANY ALLERGIES OR CONDITIONS WE SHOULD BE AWARE OF: OR CIRCLE **NONE**

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

## RELEASE INFORMATION

I desire for my child/ward \_\_\_\_\_ to participate in Westminster Presbyterian Church youth activities for the school year beginning August 01, 2018 and ending August 31, 2019 and give my permission for him/her to do so. I further authorize Westminster Presbyterian Church and its volunteers, staff, and agents to provide first aid to my son/daughter in accord with their judgment, and this treatment may include the administration of over-the-counter (non-prescription) medications to my child and other medications which my child has been prescribed. In the event my child/ward, in the opinion of Westminster Presbyterian Church or its volunteers, staff, or agents, needs medical care beyond first aid and over-the-counter (non-prescription) medications, I give my consent and permission for such medical care to be obtained on behalf of my child and further give consent to any treatment recommended by the medical personnel consulted. *I further understand that photos and videos of youth activities will be taken and authorize the taking and publication of photographs and videos of my child/ward via the internet or other medium.*

I understand that youth activities may include travel by church vehicles and private vehicles, and such vehicles will be driven by church staff and adult volunteers. I further understand that youth activities may include swimming and other dangerous activities. In consideration for my child/ward being allowed to participate in Westminster Presbyterian Church youth activities, I freely and voluntarily assume the risk of personal injury to my child, even if the result of the negligence of Westminster Presbyterian Church or its volunteers, staff, or agents, and further release and hold harmless Westminster Presbyterian Church and its volunteers, staff, and agents with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releases or otherwise.

I UNDERSTAND I AM GIVING UP IMPORTANT LEGAL RIGHTS BY SIGNING THIS DOCUMENT.

**Parent/Guardian Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

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