



Presbytery of Lake Michigan
Presbyterian Church (U.S.A.)

YOUTH STRATEGIES COMMITTEE

Youth Participant Registration Form

THIS IS A FILLABLE .PDF FORM. TO USE IT:

1. Save a copy to your computer using a new file name like "2019.09.25 – *Smith File*". (Change the file name to one you can remember and save it where you can locate it.)
2. Fill in the blank cells by typing the information. Use the tab button to move on to the next field OR left click once on a cell to type info there. (Hint: Any outline in red must be filled in.)
3. Save the file again using the file name you established in step 1.
4. Print a copy of the form to mail or hand deliver and/or send it as an email attachment as instructed for the event for which you are registering. (Also print a copy for your records.)

First Name: _____ Last Name: _____

Email Address: _____

Primary Phone # _____ Alternate Phone # _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____ Grade in School: _____

Church: _____ City where church is located: _____

Tee-shirt size: ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL

Allergy/ Key Medical Information: _____

Special Needs (dietary restrictions, allergies, physical accommodations, etc.): _____

Prescription medicines being sent to event (All prescription medications must be dispensed from the original package with medication name and dosage clearly defined by the pharmacy.)

Emergency Contact: _____ Phone # _____

Emergency Contact: _____ Phone # _____

(Please turn form over.)

YOUTH PARTICIPATION COVENANT:

I agree to obey all instructions given to me during this event from the time I arrive until I leave at the end of the event. I also agree to do my best to make this event an enjoyable experience for everyone in attendance. I understand that my personal behavior is my responsibility. My parent or guardian will be notified, and I will be sent home at their expense, for any non-compliance on my part for any non-compliance during this event.

I understand that there will be specific designated “electronic” times when I am allowed to use my cell phone and/or other electronic devices. When it is not a designated time, my electronic devices will be silence and stored out of sight.

My signature below – or my typewritten name in the box below – indicates acceptance of these conditions.

Youth Signature: _____ **Date:** _____

PARENT/GUARDIAN CONSENT AND WAIVER:

I give my full consent for my child to participate in this event sponsored by the Presbytery of Lake Michigan.

If my child needs any medical attention, I give my consent for the adult leadership to make decisions on my behalf as to the extent of any medical treatment. I understand that every effort will be made to ensure the safety of participants. If my child sustains an injury, I will not hold the Presbytery of Lake Michigan or any of its agents/ representatives responsible in any way.

I give permission for the use of any photographs, digital images, slides or video footage take of my child during the event to be used in publicity and communications by the Presbytery of Lake Michigan and by the church.

My signature below – or my typewritten name in the box below – indicates acceptance of these conditions.

Signature of Parent/ Guardian: _____ **Date:** _____

Please print the following information:

First Name: _____ **Last Name:** _____

Email Address: _____

Primary Phone # _____ **Alternate Phone #** _____

Street Address: _____

City: _____ **State:** _____ **Zip code:** _____

Medical Insurance Plan: _____ **Policy #** _____

(Please attached a copy of the insurance card.)