



# Youth Ministry Registration Form

Name: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F  
Last First

Birth Date: \_\_\_\_\_ School District: \_\_\_\_\_ Grade: \_\_\_\_\_  
Month/Day/Year

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Twitter: \_\_\_\_\_

Instagram: \_\_\_\_\_ Additional Social Media: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Medical Information & Release

I by my signature give any and all Christ Church Fox Chapel (CCFC) staff and/or approved adult volunteers permission to treat my child/children for minor injuries and if need be to provide for emergency medical care in the event that I cannot be located immediately. I also agree that I will not hold CCFC or its representatives responsible for any accident or injury that may occur in the church building or on its premises, or at any event off of the premises organized by CCFC. *A copy of my insurance card is attached.*

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any chronic conditions, environmental and/or medical allergies:

\_\_\_\_\_

Reaction to allergens: \_\_\_\_\_

\_\_\_\_\_ My child requires daily prescription medication. I have provided dose and any specific instructions that those medications require.

## Media Release

Throughout the church year, your child may be recorded and/or photographed. These items may be publically displayed on the internet and/or used as promotional material. Your child's image may appear in print media and/or electronically on the church website.

If you object to such publication, you must file a written objection. Christ Church Fox Chapel will not deliberately publish your child's image if you have file a written objection, and will make a reasonable effort to avoid publication by any third party.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please attach a copy of both sides of your medical insurance card to this form.***